

FEDERAL FINANCIAL REPORT

(Follow form instructions)

90397
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1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Environmental Protection Agency		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) FS-99969501-5		Page <u>1</u> of <u>1</u> pages																															
3. Recipient Organization (Name and complete address including Zip code) THE HOPI TRIBE, PO BOX 123, KYKOTSMOVI, AZ 86039																																			
4a. DUNS Number 116136961	4b. EIN 85-0134082	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 579-XXXX-6260-579	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual																															
8. Project/Grant Period From: (Month, Day, Year) 10/1/2000		To: (Month, Day, Year) 12/31/2012		9. Reporting Period End Date (Month, Day, Year) 12/31/2012																															
10. Transactions (Use lines a-a for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR Attachment): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Cash Receipts</td> <td style="width: 20%; text-align: right;">\$1,230,254.66</td> </tr> <tr> <td>b. Cash Disbursements</td> <td style="text-align: right;">\$1,230,254.72</td> </tr> <tr> <td>c. Cash on Hand (line a minus b)</td> <td style="text-align: right;">(\$0.06)</td> </tr> </table> (Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">d. Total Federal funds authorized</td> <td style="width: 20%; text-align: right;">\$1,259,000.00</td> </tr> <tr> <td>e. Federal share of expenditures</td> <td style="text-align: right;">\$1,230,254.72</td> </tr> <tr> <td>f. Federal share of unliquidated obligations</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>g. Total Federal share (sum of lines e and f)</td> <td style="text-align: right;">\$1,230,254.72</td> </tr> <tr> <td>h. Unobligated balance of Federal funds (line d minus g)</td> <td style="text-align: right;">\$28,745.29</td> </tr> </table> Recipient Share: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">i. Total recipient share required</td> <td style="width: 20%; text-align: right;">\$0.00</td> </tr> <tr> <td>j. Recipient share of expenditures</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>k. Remaining recipient share to be provided (line i minus j)</td> <td style="text-align: right;">\$0.00</td> </tr> </table> Program Income: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">l. Total Federal program income earned</td> <td style="width: 20%; text-align: right;">\$0.00</td> </tr> <tr> <td>m. Program income expended in accordance with the deduction alternative</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>n. Program income expended in accordance with the addition alternative</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>o. Unexpended program income (line l minus line m or line n)</td> <td style="text-align: right;">\$0.00</td> </tr> </table>						a. Cash Receipts	\$1,230,254.66	b. Cash Disbursements	\$1,230,254.72	c. Cash on Hand (line a minus b)	(\$0.06)	d. Total Federal funds authorized	\$1,259,000.00	e. Federal share of expenditures	\$1,230,254.72	f. Federal share of unliquidated obligations	\$0.00	g. Total Federal share (sum of lines e and f)	\$1,230,254.72	h. Unobligated balance of Federal funds (line d minus g)	\$28,745.29	i. Total recipient share required	\$0.00	j. Recipient share of expenditures	\$0.00	k. Remaining recipient share to be provided (line i minus j)	\$0.00	l. Total Federal program income earned	\$0.00	m. Program income expended in accordance with the deduction alternative	\$0.00	n. Program income expended in accordance with the addition alternative	\$0.00	o. Unexpended program income (line l minus line m or line n)	\$0.00
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13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)																																			
a. Typed or Printed Name and Title of Authorized Certifying Official Shirley Wesaw, Finance Director				c. Telephone (Area code, number and extension) (928) 734-3301																															
b. Signature of Authorized Certifying Official 				d. Email address SWesaw@hopi.nsn.us																															
e. Date Report Submitted (Month, Day, Year) 05-03-2013				f. Agency use only																															

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate of any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

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a. Typed or Printed Name and Title of Authorized Certifying Official Dennis Collins, Assistant Finance Director				c. Telephone (Area code, number and extension) (928) 734-3301																															
b. Signature of Authorized Certifying Official 				d. Email address DCollins@hopi.nsn.us																															
e. Date Report Submitted (Month, Day, Year) 10-22-12				14. Agency use only:																															

Standard Form 425
OMB Approval Number: 0348-0061
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Expiration Date: 10/31/2011

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THE



OPI TRIBE

November 2, 2010

Anna Woods
U.S. Environmental Protection Agency
Las Vegas Financial Center
P. O. Box 98515
Las Vegas, NV 89193-8515

Re: #FS-98969501

Dear Ms. Woods:

Enclosed is the required Annual SF425 Federal Financial Report covering the period October 1, 2009 thru September 30, 2010.

Should you have any questions, please call Ms. April Ahownewa, Accounting Specialist, @ (928) 734-3305.

Sincerely,

Joseph Begay, Finance Director
The Hopi Tribe

XC: File
Program



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NOV 08 2010

GMO, MTS-7

(Follow form instructions)

GMO, MTS-7

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3. Recipient Organization (Name and complete address including Zip code) THE HOPI TRIBE, PO BOX 123, KYKOTSMOVI, AZ 86039							
4a. DUNS Number	4b. EIN 86-0134082	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 579-XXXX-6260-579		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Project/Grant Period From: (Month, Day, Year) 10/1/2000		To: (Month, Day, Year) 11/30/2009 <i>9/30/2011</i>		9. Reporting Period End Date (Month, Day, Year) 9/30/2009			
10. Transactions (Use lines a-c for single or multiple grant reporting)					Cumulative		
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)					\$0.00		
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					\$1,259,000.00		
e. Federal share of expenditures					\$711,806.44		
f. Federal share of unliquidated obligations					\$7,589.53		
g. Total Federal share (sum of lines e and f)					\$719,395.97		
h. Unobligated balance of Federal funds (line d minus g)					\$539,604.03		
Recipient Share:							
i. Total recipient share required					\$0.00		
j. Recipient share of expenditures					\$0.00		
k. Remaining recipient share to be provided (line i minus j)					\$0.00		
Program Income:							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)							
	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense							
g. Totals:							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Joseph Begay, Finance Director/Comptroller					c. Telephone (Area code, number and extension) (928) 734-3301		
b. Signature of Authorized Certifying Official 					d. Email address jbegay@hopi.nsn.us		
e. Date Report Submitted (Month, Day, Year) 11/5/10					14. Agency use only:		

RECEIVED

FEB 08 2010

GMO, MTS-7

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VG

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which report is submitted U.S. EPA (LVFC), P.O. Box 98515, Las Vegas, NV 89193-8515		2. Federal Grant or Other Identifying Number Assigned by Federal Agency FS-98969501-4		OMB Approval No. 0348-0038	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) The Hopi Tribe, P.O. Box 123, Kykotsmovi, AZ 86039					
4. Employer Identification Number 86-0134082	5. Recipient Account Number or Identifying Number 579-XXXX-6260-579	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/1/2000		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2006		To: (Month, Day, Year) 9/30/2007	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		533,675.57	47,360.82	581,036.39	
b. Recipient share of outlays		-	-	-	
c. Federal share of outlays		533,675.57	47,360.82	581,036.39	
d. Total unliquidated obligations				204,956.63	
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations				204,956.63	
g. Total Federal share (Sum of lines c and f)				785,993.02	
h. Total Federal funds authorized for this funding period				1,259,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)				473,006.98	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate space) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed </div>					
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Kimberly Cordova, Acting Finance Director				Telephone (Area Code, number and extension) (928) 734-3313	
Signature of Authorized Certifying Official 				Date Report Submitted 1/9/08	

NSN 7540-01-218-4387

269-202

GMO, MTS-1


Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110 2 and A-110

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which report is submitted EPA Region 9, Grants Mgmt., PMD-7 75 Hawthorne Street, San Francisco, CA.94105		2. Federal Grant or Other Identifying Number Assigned by Federal Agency FS-98969401-4		OMB Approval No. 0348-0038	Page of 1 1 pages
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10. Transactions:		I Previously	II This Period	III Cumulative	
a. Total outlays		509,657.92	24,017.65	533,675.57	
b. Recipient share of outlays		-	-	-	
c. Federal share of outlays		509,657.92	24,017.65	533,675.57	
d. Total unliquidated obligations				202,207.70	
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations				202,207.70	
g. Total Federal share (Sum of lines c and f)				735,883.27	
h. Total Federal funds authorized for this funding period				1,259,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)				523,116.73	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate space) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
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Typed or Printed Name and Title Winifred Secakuku-Serawop, Finance Director			Telephone (Area Code, number and extension) (928) 734-3301		
Signature of Authorized Certifying Official 			Date Report Submitted 01-17-07		

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110 2 and A-110

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JAN 26 2007

GMO, MTS-7

**Document Review**IFMS Document: GO
FS98969501

12/22/06

Document Summary: General Ledger Entries**Doc Type:** GO**Doc No:** FS98969501**Vendor Code:** 860134082A1**GICS Grant No:** 989695014**GICS Budget Start Date:** 10/01/2000**GICS Budget End Date:** 11/30/2009**GICS Project Start Date:** 10/01/2000**GICS Project End Date:** 11/30/2009**Order Date:** 09/28/00**Effective Date:** 10/01/00**Closed Date:****End Date:** 11/30/05**Servicing Finance Office:** AP09**Order Amount:** \$1,259,000.00**Paid Amount:** \$539,651.68**Available Amount:** \$719,348.32**Vendor:** THE HOPI TRIBE**Document Details:****Expand**

Line#	Line Amt	Paid Amt	Available Amt	BFY	Fund	Org	Program	Job	BOC	CostOrg	Comments
001	\$42,000.00	\$42,000.00	\$0.00	2000	E3C	09LA09K	20101B	99DB	4109		0009W6E043
002	\$1,217,000.00	\$497,651.68	\$719,348.32	2001	E3C	09LA09K	20101B	00DB	4109		0109W6E040

Document Activity:

Date	Ref Amount	Related Document	Direction	Date	Ref Amount	Related Document	Date	Ref Amount	Related Document
11/16/06	\$20,033.48	DA 07AS0204611	Forward						
10/18/06	\$5,976.11	DA 07AS0198652	Forward						
04/05/06	\$3,984.17	DA 06AS0160669	Forward						
02/28/06	\$14,815.58	DA 06AS0153465	Forward						
01/06/06	\$50,245.48	DA 06AS0143115	Forward						
05/10/05	\$1,164.48	GP 05AS0096165	Forward						
02/23/05	\$18,148.97	GP A5006362503	Forward						
01/06/05	\$28,096.48	GP A5006372441	Forward						
11/16/04	\$401.69	GP A5006390971	Forward						
10/15/04	\$96,887.47	GP A5006360288	Forward						
07/07/04	\$16,699.62	GP A4001175156	Forward						
05/28/04	\$242,219.58	GP A4001153734	Forward						
05/28/04	\$6,023.65	GP A4001153741	Forward						
09/21/01	\$1,217,000.00	RQ 0109W6E040	Back						
06/18/01	\$8,052.40	GP A1001846901	Forward						
06/18/01	\$26,902.52	GP A1001846918	Forward						
09/28/00	\$42,000.00	RQ 0009W6E043	Back						

Warehouse Homepage

EPA@Work Home | EPA Internet | Comments

http://iasint.rtpnc.epa.gov/neis/grant_web.grant_result

This web page was last updated on 08/08/2006.

**Document Review**IFMS Document: GO
FS98969501

10/12/06

Document Summary: General Ledger Entries**Doc Type:** GO**Doc No:** FS98969501**Vendor Code:** 860134082A1**GICS Grant No:** 989695014**GICS Budget Start Date:** 10/01/2000**GICS Budget End Date:** 11/30/2009**GICS Project Start Date:** 10/01/2000**GICS Project End Date:** 11/30/2009**Order Date:** 09/28/00**Effective Date:** 10/01/00**Closed Date:****End Date:** 11/30/05**Servicing Finance Office:** AP09**Order Amount:** \$1,259,000.00**Paid Amount:** \$513,642.09**Available Amount:** \$745,357.91**Vendor:** THE HOPI TRIBE**Expand****Document Details:**

Line#	Line Amt	Paid Amt	Available Amt	BFY	Fund	Org	Program	Job	BOC	CostOrg	Comments
001	\$42,000.00	\$42,000.00	\$0.00	2000	E3C	09LA09K	20101B	99DB	4109		0009W6E043
002	\$1,217,000.00	\$471,642.09	\$745,357.91	2001	E3C	09LA09K	20101B	00DB	4109		0109W6E040

Document Activity:

Date	Ref Amount	Related Document	Direction	Date	Ref Amount	Related Document	Date	Ref Amount	Related Document
04/05/06	\$3,984.17	DA 06AS0160669	Forward						
02/28/06	\$14,815.58	DA 06AS0153465	Forward						
01/06/06	\$50,245.48	DA 06AS0143115	Forward						
05/10/05	\$1,164.48	GP 05AS0096165	Forward						
02/23/05	\$18,148.97	GP A5006362503	Forward						
01/06/05	\$28,096.48	GP A5006372441	Forward						
11/16/04	\$401.69	GP A5006390971	Forward						
10/15/04	\$96,887.47	GP A5006360288	Forward						
07/07/04	\$16,699.62	GP A4001175156	Forward						
05/28/04	\$242,219.58	GP A4001153734	Forward						
05/28/04	\$6,023.65	GP A4001153741	Forward						
09/21/01	\$1,217,000.00	RQ 0109W6E040	Back						
06/18/01	\$8,052.40	GP A1001846901	Forward						
06/18/01	\$26,902.52	GP A1001846918	Forward						
09/28/00	\$42,000.00	RQ 0009W6E043	Back						

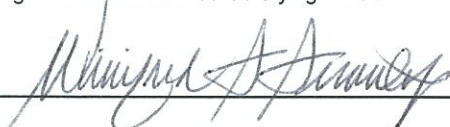
Warehouse Homepage

EPA@Work Home | EPA Internet | Comments
http://iasint.rtpnc.epa.gov/neis/grant_web.grant_result
 This web page was last updated on 08/08/2006.
 This data was last updated on 10/12/2006 18:01
 This page coordinated by: Virginia Reagan

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which report is submitted EPA, Region IX, Grants Mgmt. Sect., PMD-7 75 Hawthorne St., San Francisco, CA 94105		2. Federal Grant or Other Identifying Number by Federal Agency FS-98969501-2		OMB Approval No. 0348-0039		Page 1	Of 1
3. Recipient Organization (Name and complete address, including ZIP code) The Hopi Tribe P.O. Box 123 Kykotsmovi, Arizona 86039							
4. Employer Identification Number 86-0134082		5. Recipient Account Number or Identifying Number 579-xxxx-6260-579		6. Final Report () Yes (X) No		7. Basis () Cash (X) Accrual	
8. Funding/Grant Period From: (Month, Day, Year) 10/1/2000		To: (Month, Day, Year) 11/30/2005		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2004		To: (Month, Day, Year) 9/30/2005	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				\$ 397,186.93	\$ 112,470.99	\$ 509,657.92	
b. Recipient share of outlays							
c. Federal share of outlays				\$ 397,186.93	\$ 112,470.99	\$ 509,657.92	
d. Total unliquidated obligations						\$ -	
e. Recipient share of unliquidated obligations						\$ -	
f. Federal share of unliquidated obligations						\$ -	
g. Total Federal share (Sum of lines c and f)						\$ 509,657.92	
h. Total Federal funds authorized for this funding period						\$ 1,259,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)						\$ 749,342.08	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate space) () Provisional () Predetermined () Final () Fixed					
		b. Rate N/A		c. Base N/A		d. Total Amount N/A	
						e. Federal Share N/A	
12. Remarks: Attach any explanation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title Winifred Secakuku-Serawop, Finance Director					Telephone (Area Code, number and extension) (928) 734-3301		
Signature of Authorized Certifying Official 					Date Report Submitted 02.23.06		

RECEIVED

MAR 16 2006

GMO, PMD-7

CC: PU



Bessie Lee/R9/USEPA/US

01/03/2006 08:06 AM

To umowa@hopi.nsn.us, nnutongla@hopi.nsn.us
cc rkagenveama@hopi.nsn.us, ataylor@hopi.nsn.us, Elizabeth
Stahl/R9/USEPA/US@EPA, Anna
Woods/LV/USEPA/US@EPA, William
bcc

Subject Fw: Partial Approval of Payment Requests from the Hopi
Tribe - USEPA DWTSA Grant Nos. FS-98969501 (Moenkopi)
and FS-98969401 (Shungopavi) - Payment Period April 1
through June 30, 2005

Uberta and Nat,

I am re-sending this e-mail about questions I have about a \$50,245.48 payment request for the Moenkopi grant from the Hopi Tribe. Please refer to Richard's August 2005 comments that he was going to follow up with Uberta about answers to my questions. I cannot continue my review of the payment request until I hear back from the tribe.

Please respond back as soon as possible so we can decide on an action for the payment. Thanks...

~~~~~  
Bessie Lee  
~~~~~

U.S. Environmental Protection Agency, Region 9
Drinking Water Office (WTR-6)
75 Hawthorne Street
San Francisco, California 94105-3901
Phone: (415) 972-3776
Fax: (415) 947-3549
E-mail: lee.bessie@epa.gov

----- Forwarded by Bessie Lee/R9/USEPA/US on 01/03/2006 07:58 AM -----



Bessie Lee/R9/USEPA/US

10/03/2005 07:59 AM

To Richard Kagenveama <RKagenveama@hopi.nsn.us>
cc Elizabeth Stahl/R9/USEPA/US@EPA,
jashrob3@epamail.epa.gov, jroberson@hopitribe.org, Nat
Nutongla <NNutongla@hopi.nsn.us>, Uberta Mowa
<UMowa@hopi.nsn.us>, William
Pumphrey/LV/USEPA/US@EPA
Subject Partial Approval of Payment Requests from the Hopi Tribe -
USEPA DWTSA Grant Nos. FS-98969501 (Moenkopi) and
FS-98969401 (Shungopavi) - Payment Period April 1 through
June 30, 2005

Richard,

I have not yet heard back from you concerning your follow-up to questions I had about the Moenkopi payment requests (i.e., Consulting Services charge of \$49,401.52 and Personnel charges of \$3,669.61). Thus, I will approve of the following:

DWTSA Grant No. FS-98969501 (Moenkopi): \$0
\$50,245.48 was requested for payment. The question about Consulting Services and past Personnel charges have still not been addressed.

DWTSA Grant No. FS-98969401 (Shungopavi): \$62,591.06



Bessie Lee/R9/USEPA/US

01/03/2006 07:58 AM

To Anna Woods/LV/USEPA/US@EPA

cc Elizabeth Stahl/R9/USEPA/US@EPA

bcc

Subject Fw: Partial Approval of Payment Requests from the Hopi Tribe - USEPA DWTSA Grant Nos. FS-98969501 (Moenkopi) and FS-98969401 (Shungopavi) - Payment Period April 1 through June 30, 2005

Anna,

Below is a series of e-mails concerning the subject payment requests from the Hopi Tribe. I still have not heard back from the tribe about my questions on the Moenkopi grant. Thus, it remains unapproved. I had approved the payment request for the Shungopavi grant on October 3, 2005 (see e-mail below in which Bill Pumphrey was copied).

Based on your e-mail to Kevin Ryan and Elizabeth, I take it that I need to reiterate my concerns on the Moenkopi grant in a memo to the tribe. Please let me know if my e-mails were not enough and I need to transfer everything over to memo form. I will also re-e-mail my October 3, 2005 e-mail to other people at the Hopi Tribe to see if I can get a response.

~~~~~  
Bessie Lee  
~~~~~

U.S. Environmental Protection Agency, Region 9
Drinking Water Office (WTR-6)
75 Hawthorne Street
San Francisco, California 94105-3901
Phone: (415) 972-3776
Fax: (415) 947-3549
E-mail: lee.bessie@epa.gov

----- Forwarded by Bessie Lee/R9/USEPA/US on 01/03/2006 07:51 AM -----



Bessie Lee/R9/USEPA/US

10/03/2005 07:59 AM

To Richard Kagenveama <RKagenveama@hopi.nsn.us>

cc Elizabeth Stahl/R9/USEPA/US@EPA,
jashrob3@epamail.epa.gov, jroberson@hopitribe.org, Nat
Nutongla <NNutongla@hopi.nsn.us>, Uberta Mowa
<UMowa@hopi.nsn.us>, William
Pumphrey/LV/USEPA/US@EPA

Subject Partial Approval of Payment Requests from the Hopi Tribe -
USEPA DWTSA Grant Nos. FS-98969501 (Moenkopi) and
FS-98969401 (Shungopavi) - Payment Period April 1 through
June 30, 2005

Richard,

I have not yet heard back from you concerning your follow-up to questions I had about the Moenkopi payment requests (i.e., Consulting Services charge of \$49,401.52 and Personnel charges of \$3,669.61). Thus, I will approve of the following:

DWTSA Grant No. FS-98969501 (Moenkopi): \$0
\$50,245.48 was requested for payment. The question about Consulting Services and past Personnel charges have still not been addressed.

DWTSA Grant No. FS-98969401 (Shungopavi): \$62,591.06
The entire requested amount of \$62,591.06 is being approved.

Thus, for Bill Pumphrey of USEPA, please process the above approvals.

~~~~~  
Bessie Lee  
~~~~~

U.S. Environmental Protection Agency, Region 9
Drinking Water Office (WTR-6)
75 Hawthorne Street
San Francisco, California 94105-3901
Phone: (415) 972-3776
Fax: (415) 947-3549
E-mail: lee.bessie@epa.gov
Richard Kagenveama <RKagenveama@hopi.nsn.us>



Richard Kagenveama
<RKagenveama@hopi.nsn.us>

08/23/2005 11:18 AM

To Bessie Lee/R9/USEPA/US@EPA

cc William Pumphrey/LV/USEPA/US@EPA, Nat Nutongla
<NNutongla@hopi.nsn.us>, jroberson@hopitribe.org,
jashrob3@epamail.epa.gov, Elizabeth
Stahl/R9/USEPA/US@EPA, Uberta Mowa
<UMowa@hopi.nsn.us>

Subject RE: Questions on Payment Requests from the Hopi Tribe -
USEPA DWTSA Grant Nos. FS-98969501 (Moenkopi) and
FS-98969401 (Shungopavi) - Payment Period April 1 through
June 30, 2005

PLEASE SEE MY COMMENTS/RESPONSES IN BOLD BLUE.

THANK YOU!

Richard Kagenveama
Contract/Grant Accountant
Office of Financial Management
Phone: (928) 734-3314
rkagenveama@hopi.nsn.us

-----Original Message-----

From: Lee.Bessie@epamail.epa.gov [mailto:Lee.Bessie@epamail.epa.gov]
Sent: Thursday, August 04, 2005 11:44 AM
To: Richard Kagenveama
Cc: Pumphrey.William@epamail.epa.gov; Nat Nutongla; jroberson@hopitribe.org;
jashrob3@epamail.epa.gov; Stahl.Elizabeth@epamail.epa.gov
Subject: Questions on Payment Requests from the Hopi Tribe - USEPA DWTSA Grant
Nos. FS-98969501 (Moenkopi) and FS-98969401 (Shungopavi) - Payment Period
April 1 through June 30, 2005

Richard,

The grant period for the payment requests for the subject grants is April 1, 2005 through June 30, 2005. I have some questions about the subject payment requests before they can be approved:

FS-98969501 (Moenkopi)

The budget breakdown for the subject grant is (using USEPA categories):

1. Personnel	\$0
2. Fringe Benefits	\$0
3. Travel	\$8,000
4. Equipment	\$0
5. Supplies	\$6,120
6. Contractual	\$1,229,880
7. Construction	\$0
8. Other	\$15,000
Total	\$1,259,000

\$375.00 was charged to the project as a "Seminar/Training Fee." Because there is no training category in the grant, there is no budget in the grant for training. Please clarify and justify where this charge fits into the grant. Otherwise, this charge is not eligible under the grant.

The Hopi Tribe's line item "Seminar/Training Fee" is under EPA's "Other" category on the application submitted on 7.16.01. EPA also awarded this line item under the "Other" category.

Since \$28,676.40 was credited to the project as "Consulting Services," it is assumed that these charges were mis-categorized. Please confirm. Will these charges show up in a future payment request?

I spoke with our disbursement department and I was informed that the original payments were made but due to a system error the payments (checks) had to be voided which are indicated with the invoice number followed by a (u). They were then reissued which are indicated with the invoice number followed by a (y). This type of activity will not happen again unless the disbursement office needs to void and reissue payments.

A total of \$49,401.52 of "Consulting Services" was charged to the grant for the payment request period. The "Consulting Services" were for the contractors that are working on the project. It is my understanding that the contractors were told to stop work on the project quite a few months back until an alternative for the project is approved by both villages. Please clarify how the stop work request resulted in approximately \$50,000 in charges.

I have forwarded this email to Uberta and informed her to respond to this question.

This is an issue that was raised with the tribe many months ago, but I have not fully pursued it until now. For the entire period of the project, \$3,669.61 of "Personnel" costs have been charged to the project. As noted in the budget breakdown above, the grant has no money set aside for "Personnel" charges. Please propose a way to resolve the personnel costs. Otherwise, the personnel costs will need to be credited to the grant.

I have information regarding this request between the program and Kevin Ryan on an email dated 12/02/03 from Kevin to Joelynn. I was not sure if this was all the information that transpired so I informed Uberta to response to this question.

This is another issue that was raised with the tribe many months ago. The Hopi Tribe has its own accounting classifications that are more detailed than the USEPA's classifications. In the past, I have assumed that certain Hopi classifications fit into the USEPA classifications. Instead of my assuming the classifications, it would be better if the Hopi Tribe provide USEPA with a list of their accounting classifications and where they fit into the USEPA classifications. This could be in tabular form such as:

Hopi Classification	USEPA Classification
Office Supplies	Supplies
Printing/Binding	???
General Operating Supplies	Supplies
Gas, Oil & Lube	???
Consulting Services	Contractual
...and so on...	

This will help both the Hopi Tribe and USEPA track the money in the grant.
Please see the account classification below for Hopi and US EPA.

ACCOUNT CODE
CLASSIFICATION: HOPI vs.
US EPA

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HOPI CLASSIFICATION

4005 Overtime Pay	Personnel
5100 Travel	Travel
5250 Training/Seminar Fees	Other
5500 Office Supplies	Supplies
5510 Postage	Other
5520 Printing & Binding	Other
5600 Gas, Oil & Lube	Other
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6700 Consulting Services

FS-98969401 (Shungopavi)

The budget breakdown for the subject grant is (using USEPA categories):

1. Personnel	\$0
2. Fringe Benefits	\$0
3. Travel	\$12,000
4. Equipment	\$0
5. Supplies	\$8,439
6. Contractual	\$1,867,561
7. Construction	\$0
8. Other	\$22,000
Total	\$1,910,000

Since \$50,182.47 was credited to the project as "Consulting Services," it is assumed that these charges were mis-categorized. Please confirm. Will these charges show up in a future payment request?

I spoke with our disbursement department and I was informed that the original payments were made but due to a system error the payments (checks) had to be voided which are indicated with the invoice number followed by a (u). They were then reissued which are indicated with the invoice number followed by a (y). This type of activity will not happen again unless the disbursement office needs to void and reissue payments.

As with the Moenkopi grant, the Hopi Tribe has its own cost classifications that are more detailed than the USEPA's classifications. In the past, I have assumed that certain Hopi classifications fit into the USEPA classifications. Instead of my assuming the classifications, it would be better if the Hopi Tribe provide USEPA with a list of their accounting classifications and where they fit into the USEPA classifications. This could be in tabular form such as:

Hopi Classification	USEPA Classification
Office Supplies	Supplies
Printing/Binding	???
General Operating Supplies	Supplies
Gas, Oil & Lube	???
Consulting Services	Contractual
...and so on...	

ACCO
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CODE
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HOPI
vs.
US
EPA

HOPI CLASSIFICATION

4005 Overtime Pay
5100 Travel
5250 Training/Seminar Fees
5500 Office Supplies
5510 Postage
5520 Printing & Binding
5550 General Operating Supplies
5600 Gas, Oil & Lube

US EPA CLASSIFICATION

Personnel
Travel
Other
Supplies
Other
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Supplies
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6700 Consulting Services

The sooner you can get back to me with responses to the above questions, the sooner I can approve of the payment requests. If you have any questions, please do not hesitate to contact me at (415) 972-3776.

~~~~~  
Bessie Lee  
~~~~~

U.S. Environmental Protection Agency, Region 9
Drinking Water Office (WTR-6)
75 Hawthorne Street
San Francisco, California 94105-3901
Phone: (415) 972-3776
Fax: (415) 947-3549
E-mail: lee.bessie@epa.gov

 Bessie Lee/R9/USEPA/US

08/04/2005 11:43 AM

To rkagenveama@hopi.nsn.us

cc William Pumphrey/LV/USEPA/US@EPA,
nnutongla@hopi.nsn.us, jroberson@hopitribe.org,
Ex. 6 - Personal Privacy, Elizabeth Stahl/R9/USEPA/US@EPA

bcc

Subject Questions on Payment Requests from the Hopi Tribe -
USEPA DWTSA Grant Nos. FS-98969501 (Moenkopi) and
FS-98969401 (Shungopavi) - Payment Period April 1 through
June 30, 2005

Richard,

The grant period for the payment requests for the subject grants is April 1, 2005 through June 30, 2005. I have some questions about the subject payment requests before they can be approved:

FS-98969501 (Moenkopi)

The budget breakdown for the subject grant is (using USEPA categories):

1. Personnel	\$0
2. Fringe Benefits	\$0
3. Travel	\$8,000
4. Equipment	\$0
5. Supplies	\$6,120
6. Contractual	\$1,229,880
7. Construction	\$0
8. Other	\$15,000
Total	\$1,259,000

- \$375.00 was charged to the project as a "Seminar/Training Fee." Because there is no training category in the grant, there is no budget in the grant for training. Please clarify and justify where this charge fits into the grant. Otherwise, this charge is not eligible under the grant.
- Since \$28,676.40 was credited to the project as "Consulting Services," it is assumed that these charges were mis-categorized. Please confirm. Will these charges show up in a future payment request?
- A total of \$49,401.52 of "Consulting Services" was charged to the grant for the payment request period. The "Consulting Services" were for the contractors that are working on the project. It is my understanding that the contractors were told to stop work on the project quite a few months back until an alternative for the project is approved by both villages. Please clarify how the stop work request resulted in approximately \$50,000 in charges.
- This is an issue that was raised with the tribe many months ago, but I have not fully pursued it until now. For the entire period of the project, \$3,669.61 of "Personnel" costs have been charged to the project. As noted in the budget breakdown above, the grant has no money set aside for "Personnel" charges. Please propose a way to resolve the personnel costs. Otherwise, the personnel costs will need to be credited to the grant.
- This is another issue that was raised with the tribe many months ago. The Hopi Tribe has its own accounting classifications that are more detailed than the USEPA's classifications. In the past, I have assumed that certain Hopi classifications fit into the USEPA classifications. Instead of my assuming the classifications, it would be better if the Hopi Tribe provide USEPA with a list of their accounting classifications and where they fit into the USEPA classifications. This could be in tabular form such as:

Hopi Classification
Office Supplies
Printing/Binding
General Operating Supplies
Gas, Oil & Lube
Consulting Services
...and so on...

USEPA Classification
Supplies
???
Supplies
???
Contractual

This will help both the Hopi Tribe and USEPA track the money in the grant.

FS-98969401 (Shungopavi)

The budget breakdown for the subject grant is (using USEPA categories):

1. Personnel	\$0
2. Fringe Benefits	\$0
3. Travel	\$12,000
4. Equipment	\$0
5. Supplies	\$8,439
6. Contractual	\$1,867,561
7. Construction	\$0
8. Other	\$22,000
Total	\$1,910,000

- Since \$50,182.47 was credited to the project as "Consulting Services," it is assumed that these charges were mis-categorized. Please confirm. Will these charges show up in a future payment request?
- As with the Moenkopi grant, the Hopi Tribe has its own cost classifications that are more detailed than the USEPA's classifications. In the past, I have assumed that certain Hopi classifications fit into the USEPA classifications. Instead of my assuming the classifications, it would be better if the Hopi Tribe provide USEPA with a list of their accounting classifications and where they fit into the USEPA classifications. This could be in tabular form such as:

Hopi Classification
Office Supplies
Printing/Binding
General Operating Supplies
Gas, Oil & Lube
Consulting Services
...and so on...

USEPA Classification
Supplies
???
Supplies
???
Contractual

The sooner you can get back to me with responses to the above questions, the sooner I can approve of the payment requests. If you have any questions, please do not hesitate to contact me at (415) 972-3776.

~~~~~  
Bessie Lee  
~~~~~

U.S. Environmental Protection Agency, Region 9
Drinking Water Office (WTR-6)
75 Hawthorne Street
San Francisco, California 94105-3901
Phone: (415) 972-3776
Fax: (415) 947-3549
E-mail: lee.bessie@epa.gov

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		Approved by Office of Management and Budget, No. 80-R0183		PAGE 1 OF 1	
1. TYPE OF PAYMENT REQUESTED		a. "X" one, or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT		2. BASIS OF REQUEST <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL	
		b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL			
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED EPA, Region 9, Grants Management, Sec. PMD-7 75 Hawthorne Street, San Francisco, CA 94105		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY FS - 98969501 - 0		5. PARTIAL PMT REQUEST NO. FOR THIS REQUEST #09	
6. EMPLOYER IDENTIFICATION NUMBER 86-0134082	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 579 - xxxx - 6260 - 579	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year): 12/01/04 TO (month, day, year): 12/31/04			
9. RECIPIENT ORGANIZATION Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039		10. PAYEE (Where check is to be sent is different than item 9) Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039			
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)	TOTAL
a. Total program outlays (As of date) to date 12/31/2004		\$ 443,432.38			\$ 443,432.38
b. Less: Cumulative program income					
c. Net program outlays (line a minus line b)		\$ 443,432.38			\$ 443,432.38
d. Estm net cash outlays for advance period					
e. Total (Sum of lines c & d)		\$ 443,432.38			\$ 443,432.38
f. Non-Federal Share of amount on line e					
g. Federal share of amount on line e		\$ 443,432.38			\$ 443,432.38
h. Federal payments previously requested		\$ 425,283.41			\$ 425,283.41
i. Federal share now requested (Line g minus line h)		\$ 18,148.97			\$ 18,148.97
j. Advances required by month when requested by Federal grantor agency for use in prescheduled advances.		1st month			
		2nd month			
		3rd month			
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal Cash outlays that will be made during period covered by this advance					
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period					
c. Amount requested (Line a minus line b)					
13. CERTIFICATION					
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE REQUEST SUBMITTED	
		TYPE OR PRINTED NAME AND TITLE Winifred Secakuku-Serawop Finance Director		02-11-05 TELEPHONE NUMBER (920) 734-3301	
This space for agency use <i>P.O. approved 2/22/05</i>		RECEIVED FEB 18 2005 GMO, PMD-7			

Report Date: 02/11/05
Run Date...: 02/11/05 11:24

MOEN DRINKING WATER INFRA
G/L Balance - Detail in the Order of FUND
For All Accounts From 579 4000 6260 To 579 1111 6260
Beginning of.: December 1, 2004 (03-05) Thru Ending of.: December 31, 2004 (03-05)

Page.: 1
ID # GLTB
CTL.: 579

G/L Account No

Ctr	Cal.	Fiscl	Date	Jrnl	Line	Description	Debit	Credit
579	4005	6260				<No Name> - May be an Invalid Account !		
						Balance December 1, 2004 (03-05)	3,669.61	
						Activity ---->	.00	.00
						Balance December 31, 2004 (03-05)	3,669.61	
579	5100	6260				<No Name> - May be an Invalid Account !		
						Balance December 1, 2004 (03-05)	578.54	
HOP	Dec	2004	03-2005	12/10/04	04-07	0226 Vendor ROB02 Invoice DNR99004 TEC 10/24-30/04 SAN FRANCISCO, CA ROBERSON, JOELYNN	1,112.93	
HOP	Dec	2004	03-2005	12/29/04	04-18	0188 Vendor ROB02 Invoice DNR125104 TEC 12/20-21/04 FLAGSTAFF, AZ ROBERSON, JOELYNN	144.08	
						Activity ---->	1,257.01	.00
						Balance December 31, 2004 (03-05)	1,835.55	
579	5500	6260				<No Name> - May be an Invalid Account !		
						Balance December 1, 2004 (03-05)	676.59	
						Activity ---->	.00	.00
						Balance December 31, 2004 (03-05)	676.59	
579	5520	6260				<No Name> - May be an Invalid Account !		
						Balance December 1, 2004 (03-05)	1,545.60	
						Activity ---->	.00	.00
						Balance December 31, 2004 (03-05)	1,545.60	
579	5550	6260				<No Name> - May be an Invalid Account !		
						Balance December 1, 2004 (03-05)	230.99	
						Activity ---->	.00	.00
						Balance December 31, 2004 (03-05)	230.99	
579	5600	6260				<No Name> - May be an Invalid Account !		
						Balance December 1, 2004 (03-05)	5,558.25	
HOP	Dec	2004	03-2005	12/14/04	49-01	0002 CHEVRON/TEXACO/RQ#147177/INV#7973508729411/AC#7973 508729/BD: 11/12/04	581.68	
						Activity ---->	581.68	.00
						Balance December 31, 2004 (03-05)	6,139.93	
579	6700	6260				EPA MOEN DRINKG CONSULTING SERV OFP USE ONLY		
						Balance December 1, 2004 (03-05)	413,023.83	
HOP	Dec	2004	03-2005	12/09/04	04-06	0281 Vendor ARI07 Invoice 10/29/04 INV#03HOPI02.2-3 PO #A40002232 THE GEOMOETER, INC bda	4,897.00	
HOP	Dec	2004	03-2005	12/10/04	04-07	0227 Vendor ARI07 Invoice 10/29/04* INV#03HOPI02.1-3 PO #A40001430 THE GEOMOETER, INC bda	4,208.50	
HOP	Dec	2004	03-2005	12/15/04	04-10	0306 Vendor ARI07 Invoice 11/26/04 INV#03HOPI02-15 PO #A30001106 THE GEOMOETER, INC bda	2,903.98	
HOP	Dec	2004	03-2005	12/15/04	04-10	0307 Vendor ARI07 Invoice 11/26/04* INV#03HOPI02.2-4 PO #A40002232	4,300.80	

Report Date: 02/11/05
Run Date...: 02/11/05 11:24

MOEN DRINKING WATER INFRA
G/L 1 Balance - Detail in the Order of FUND
For All Accounts From 579 4000 6260 To 579 1111 6260
Beginning of.: December 1, 2004 (03-05) Thru Ending of.: December 31, 2004 (03-05)

Page.: 2
ID # GLTB
CTL.: 579

G/L Account No

Ctr	Cal.	Fiscal	Date	Jrnl	Line	Description	Debit	Credit
-----	------	--------	------	------	------	-------------	-------	--------

579 6700 6260

EPA MOEN DRINKG CONSULTING SERV OFF USE ONLY (Continues..)

THE GEOMOETER, INC bda

Activity ---->	16,310.28	.00
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Balance December 31, 2004 (03-05)	429,334.11	
-----------------------------------	------------	--

Total for FUND 579 ---->	443,432.38	.00
--------------------------	------------	-----

Total Detail Activity for FUND 579 ---->	18,148.97	.00
--	-----------	-----

REPORT TOTAL ---->	443,432.38	.00
--------------------	------------	-----

REPORT TOTAL for Detail Activity ---->	18,148.97	.00
--	-----------	-----

<h2 style="margin: 0;">REQUEST FOR ADVANCE OR REIMBURSEMENT</h2> <p style="margin: 5px 0;"><i>(See instructions on back)</i></p>		Approved by Office of Management and Budget, No. 80-R0183		PAGE 1 OF 1
		1. TYPE OF PAYMENT REQUESTED a. "X" one, or both boxes () ADVANCE (X) REIMBURSEMENT b. "X" the applicable box () FINAL (X) PARTIAL		2. BASIS OF REQUEST () CASH (X) ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED EPA, Region 9, Grants Management, Sec. PMD-7 75 Hawthorne Street, San Francisco, CA 94105		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY FS - 98969501 - 0		5. PARTIAL PMT REQUEST NO. FOR THIS REQUEST #08
6. EMPLOYER IDENTIFICATION NUMBER 86-0134082	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 579 - xxxx - 6260 - 579	8. PERIOD COVERED BY THIS REQUEST		
		FROM (month, day, year):		TO (month, day, year):
		10/01/04		11/30/04
9. RECIPIENT ORGANIZATION		10. PAYEE (Where check is to be sent is different than item 9)		
Name: The Hopi Tribe		Name: The Hopi Tribe		
Number and Street: P.O. Box 123		Number and Street: P.O. Box 123		
City, State and ZIP Code: Kykotsmovi, Arizona 86039		City, State and ZIP Code: Kykotsmovi, Arizona 86039		
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)
a. Total program outlays (As of date)				
to date 11/30/2004		\$ 425,283.41		\$ 425,283.41
b. Less: Cumulative program income				
c. Net program outlays (line a minus line b)		\$ 425,283.41		\$ 425,283.41
d. Estm net cash outlays for advance period				
e. Total (Sum of lines c & d)		\$ 425,283.41		\$ 425,283.41
f. Non-Federal Share of amount on line e				
g. Federal share of amount on line e		\$ 425,283.41		\$ 425,283.41
h. Federal payments previously requested		\$ 397,186.93		\$ 397,186.93
i. Federal share now requested (Line g minus line h)		\$ 28,096.48		\$ 28,096.48
j. Advances required by month when requested by Federal grantor agency for use in prescheduled advances.		1st month		
		2nd month		
		3rd month		
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY				
a. Estimated Federal Cash outlays that will be made during period covered by this advance				
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period				
c. Amount requested (Line a minus line b)				
13. CERTIFICATION				
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE REQUEST SUBMITTED	
	 TYPE OR PRINTED NAME AND TITLE Winifred Secakuku-Serawop Finance Director		12-20-04 TELEPHONE NUMBER (920) 734-3301	
This space for agency use		RECEIVED DEC 27 2004 GMO, PMD-7		

Report Date: 12/17/04
Run Date...: 12/17/04 16:43

MOEN DRINKING WATER INFRA
/L Trial Balance - Detail in the Order of FU
For All Accounts From 579 4000 6260 To 579 1111 60

Page.: 1
ID # GLTB
CTL.: 579

Beginning of.: October 1, 2004 (01-05) Thru Ending of.: November 30, 2004 (02-05)

G/L Account No

Ctr	Cal.	Fiscl	Date	Jrnl	Line	Description	Debit	Credit
579	4005	6260				<No Name> - May be an Invalid Account !		
						Balance October 1, 2004 (01-05)	3,669.61	
						Activity ---->	.00	.00
						Balance November 30, 2004 (02-05)	3,669.61	
579	5100	6260				<No Name> - May be an Invalid Account !		
						Balance October 1, 2004 (01-05)	539.54	
HOP Oct 2004 01-2005			10/15/04	67-09		0001 Expense TEC# DNR-988-04, Joelynn Roberson, Flag-staff, AZ, 10/14/04, dr 579-1202 & cr 579-1201.	39.00	
						Activity ---->	39.00	.00
						Balance November 30, 2004 (02-05)	578.54	
579	5500	6260				<No Name> - May be an Invalid Account !		
						Balance October 1, 2004 (01-05)	676.59	
						Activity ---->	.00	.00
						Balance November 30, 2004 (02-05)	676.59	
579	5520	6260				<No Name> - May be an Invalid Account !		
						Balance October 1, 2004 (01-05)	1,545.60	
						Activity ---->	.00	.00
						Balance November 30, 2004 (02-05)	1,545.60	
579	5550	6260				<No Name> - May be an Invalid Account !		
						Balance October 1, 2004 (01-05)	230.99	
						Activity ---->	.00	.00
						Balance November 30, 2004 (02-05)	230.99	
579	5600	6260				<No Name> - May be an Invalid Account !		
						Balance October 1, 2004 (01-05)	4,616.93	
HOP Oct 2004 01-2005			10/14/04	49-01		0003 CHEVRON - RQ#194699/INV#7973508729409/AC#797350872 9/BD: 9/10/04	104.78	
HOP Nov 2004 02-2005			11/09/04	49-00		0023 CHEVRON/TEXACO RQ#194722/INV#7973508729410/AC#7973 508729/BD: 10/15/04	836.54	
						Activity ---->	941.32	.00
						Balance November 30, 2004 (02-05)	5,558.25	
579	6700	6260				EPA MOEN DRINKG CONSULTING SERV OFF USE ONLY		
						Balance October 1, 2004 (01-05)	385,907.67	
HOP Oct 2004 01-2005			10/08/04	04-06		0454 Vendor ARI07 Invoice 9/03/04 INV#03HOPI02-14 PO #A30001106 THE GEOMOETER, INC bda	202.66	
HOP Oct 2004 01-2005			10/12/04	04-08		0123 Vendor ARI07 Invoice 9/03/04 INV#03HOPI02.2-1 PO #A40002232 THE GEOMOETER, INC bda	16,630.50	
HOP Nov 2004 02-2005			11/17/04	04-13		0146 Vendor ARI07 Invoice 10/01/04* INV#03HOPI02.2-2 PO #A40002232 THE GEOMOETER, INC bda	10,283.00	
						Activity ---->	27,116.16	.00
						Balance November 30, 2004 (02-05)	413,023.83	

Report Date: 12/17/04
Run Date...: 12/17/04 16:43

MOEN DRINKING WATER INFRA

G/L Trial Balance - Detail in the Order of FUND
All Accounts From 579 4000 6260 To 579 11 260

Page.: 2
ID # GLTB
CTL.: 579

Beginning of.: October 1, 2004 (01-05) Thru Ending of.: November 30, 2004 (02-05)

G/L Account No

Ctr Cal. Fisci Date Jrnl Line Description

Debit

Credit

Total for FUND 579 ----> 425,283.41 .00

Total Detail Activity for FUND 579 ----> 28,096.48 .00

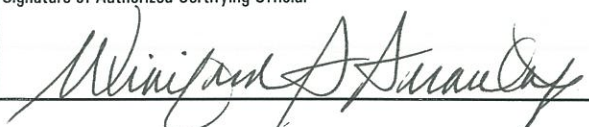
REPORT TOTAL ----> 425,283.41 .00

REPORT TOTAL for Detail Activity ----> 28,096.48 .00

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which report is submitted EPA, Region IX, Grants Mgmt. Sect., PMD-7 75 Hawthorne St., San Francisco, CA 94105		2. Federal Grant or Other Identifying Number Assigned by Federal Agency FS-98969501-2		OMB Approval No. 0348-0039		Page 1	Of 1
3. Recipient Organization (Name and complete address, including ZIP code) The Hopi Tribe P.O. Box 123 Kykotsmovi, Arizona 86039							
4. Employer Identification Number 86-0134082		5. Recipient Account Number or Identifying Number 579-xxxx-6260-579		6. Final Report () Yes (X) No		7. Basis () Cash (X) Accrual	
8. Funding/Grant Period From: (Month, Day, Year) 10/1/2000		To: (Month, Day, Year) 11/30/2005		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2003		To: (Month, Day, Year) 9/30/2004	
10. Transactions:				I Previously Reported		II This Period	
				III Cumulative			
a. Total outlays				\$ 33,875.47		\$ 363,311.46	
b. Recipient share of outlays							
c. Federal share of outlays				\$ 33,875.47		\$ 363,311.46	
d. Total unliquidated obligations						\$ -	
e. Recipient share of unliquidated obligations						\$ -	
f. Federal share of unliquidated obligations						\$ -	
g. Total Federal share (Sum of lines c and f)						\$ 397,186.93	
h. Total Federal funds authorized for this funding period						\$ 1,259,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)						\$ 861,813.07	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate space) () Provisional () Predetermined () Final () Fixed					
		b. Rate N/A		c. Base N/A		d. Total Amount N/A	
						e. Federal Share N/A	
12. Remarks: Attach any explanations dee.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title Winifred Secakuku-Serawop, Finance Director				Telephone (Area Code, number and extension) (928) 734-3301			
Signature of Authorized Certifying Official 				Date Report Submitted 10.25.04			



RECEIVED

Prescribed by OMB Circulars A-102 and A-110

NOV 01 2004

GMO, PMD-7

ES

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

Approved by Office of Management and
Budget, No. 80-R0183

PAGE 1 OF 1

1. TYPE OF PAYMENT
REQUESTED

a. "X" one, or both boxes ()
ADVANCE (X)
REIMBURSEMENT

b. "X" the applicable box ()
FINAL (X) PARTIAL

2. BASIS OF
REQUEST

() CASH

(X) ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL
ELEMENT TO WHICH THIS REPORT IS SUBMITTED

EPA, Region 9, Grants Management, Sec. PMD-7
75 Hawthorne Street, San Francisco, CA 94105

4. FEDERAL GRANT OR OTHER IDENTIFYING
NUMBER ASSIGNED BY FEDERAL AGENCY

FS - 98969501 - 0

5. PARTIAL PMT REQUEST
NO. FOR THIS REQUEST
#07

6. EMPLOYER IDENTIFICATION
NUMBER

86-0134082

7. RECIPIENT'S ACCOUNT NUMBER
OR IDENTIFYING NUMBER

579 - xxxx - 6260 - 579

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year):

09/01/04

TO (month, day, year):

09/30/04

9. RECIPIENT ORGANIZATION

Name: The Hopi Tribe
Number and Street: P.O. Box 123
City, State and ZIP Code: Kykotsmovi, Arizona 86039

10. PAYEE (Where check is to be sent is different than item 9)

Name: The Hopi Tribe
Number and Street: P.O. Box 123
City, State and ZIP Code: Kykotsmovi, Arizona 86039

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays (As of date) to date 9/30/2004	\$ 397,186.93			\$ 397,186.93
b. Less: Cumulative program income				
c. Net program outlays (line a minus line b)	\$ 397,186.93			\$ 397,186.93
d. Estm net cash outlays for advance period				
e. Total (Sum of lines c & d)	\$ 397,186.93			\$ 397,186.93
f. Non-Federal Share of amount on line e				
g. Federal share of amount on line e	\$ 397,186.93			\$ 397,186.93
h. Federal payments previously requested	\$ 396,785.24			\$ 396,785.24
i. Federal share now requested (Line g minus line h)	\$ 401.69			\$ 401.69
j. Advances required by month when requested by Federal grantor agency for use in prescheduled advances.	1st month 2nd month 3rd month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal Cash outlays that will be made during period covered by this advance

b. Less: Estimated balance of Federal cash on hand as of beginning of advance period

c. Amount requested (Line a minus line b)

13. CERTIFICATION

I certify that to the best of my knowledge and belief the
data above are correct and that all outlays were made
in accordance with the grant conditions or other agree-
ment and that payment is due and has not been
previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Winifred Secakuku-Serawop

TYPE OR PRINTED NAME AND TITLE
Winifred Secakuku-Serawop
Finance Director

DATE REQUEST SUBMITTED

11-09-04

TELEPHONE NUMBER
(920) 734-3301

This space for agency use

OK 11/16/04
LH

RECEIVED
NOV 15 2004
GMO, PMD-7

Report Date: 11/15/04
Run Date: 11/15/04 08:34

MOEN DRINKING WATER INFRA
G/L Detail Balance - Detail in the Order of FUND
For All Accounts From 579 4000 6260 To 579 1111 6260
Beginning of: September 1, 2004 (12-04) Thru Ending of: September 30, 2004 (12-04)

Page: 1
ID #: GLTB
CTL: 579

G/L Account No

Ctr	Cal.	Fiscal	Date	Jrnl	Line	Description	Debit	Credit
579	4005	6260				EPA MOEN DRINKG OVERTIME PAY OFF USE ONLY		
						Balance September 1, 2004 (12-04)	3,669.61	
						Activity ---->	.00	.00
						Balance September 30, 2004 (12-04)	3,669.61	
579	5130	6260				EPA MOEN DRINKG TRAVEL -ROUTINE OFF USE ONLY		
						Balance September 1, 2004 (12-04)	539.54	
						Activity ---->	.00	.00
						Balance September 30, 2004 (12-04)	539.54	
579	5503	6260				EPA MOEN DRINKG OFFICE SUPPLIES OFF USE ONLY		
						Balance September 1, 2004 (12-04)	676.59	
						Activity ---->	.00	.00
						Balance September 30, 2004 (12-04)	676.59	
579	5520	6260				EPA MOEN DRINKG PRINTING/BIND. OFF USE ONLY		
						Balance September 1, 2004 (12-04)	1,545.60	
						Activity ---->	.00	.00
						Balance September 30, 2004 (12-04)	1,545.60	
579	5553	6260				EPA MOEN DRINKG GEN OPER SUPPLS OFF USE ONLY		
						Balance September 1, 2004 (12-04)	230.99	
						Activity ---->	.00	.00
						Balance September 30, 2004 (12-04)	230.99	
579	5600	6260				EPA MOEN DRINKG GAS, OIL & LUBE OFF USE ONLY		
						Balance September 1, 2004 (12-04)	4,215.24	
ECF Sep 2004 12-2304	09/30/04	46-01				OC15 EXPENSE SHELL RQ#194695 INV#8C00190721409 AC#8G-301-9072-1 BD: 9/1/04	401.69	
						Activity ---->	401.69	.00
						Balance September 30, 2004 (12-04)	4,616.93	
579	6703	6260				EPA MOEN DRINKG CONSULTING SERV OFF USE ONLY		
						Balance September 1, 2004 (12-04)	385,907.67	
						Activity ---->	.00	.00
						Balance September 30, 2004 (12-04)	385,907.67	
						Total for FUND 579 ---->	397,186.93	.00
						Total Detail Activity for FUND 579 ---->	401.69	.00
						REPORT TOTAL ---->	397,186.93	.00
						REPORT TOTAL for Detail Activity ---->	401.69	.00



Financial Data Warehouse Document Review

Document Summary: General Ledger Entries

Doc Type: GO

Doc No: FS98969501

Order Date: 09/28/00

Effective Date: 10/01/00

Closed Date:

Servicing Finance Office: AP09

Order Amount: \$1,259,000.00

Paid Amount: \$396,785.24

Available Amount: \$862,214.76

Vendor: THE HOPI TRIBE

Document Details:

Line#	Line Amt	Paid Amt	Available Amt	BFY	Fund	Org	Program	Job	BOC	CostOrg	Comments
001	\$42,000.00	\$42,000.00	\$0.00	2000	E3C	09LA09K	20101B	99DB	4109		0009W6E043
002	\$1,217,000.00	\$354,785.24	\$862,214.76	2001	E3C	09LA09K	20101B	00DB	4109		0109W6E040

Document Activity:

Date	Ref Amount	Related Document	Direction	Date	Ref Amount	Related Document	Date	Ref Amount	Related Document
10/15/04	\$96,887.47	GP A5006360288	Forward						
07/07/04	\$16,699.62	GP A4001175156	Forward						
05/28/04	\$242,219.58	GP A4001153734	Forward						
05/28/04	\$6,023.65	GP A4001153741	Forward						
09/21/01	\$1,217,000.00	RQ 0109W6E040	Back						
06/18/01	\$8,052.40	GP A1001846901	Forward						
06/18/01	\$26,902.52	GP A1001846918	Forward						
09/28/00	\$42,000.00	RQ 0009W6E043	Back						

[Financial Data Warehouse Homepage](#)
[EPA@Work Home](#) | [EPA Internet](#) | [Search](#) | [Comments](#)

http://oasint.rtpnc.epa.gov/pls/neis/grant_web.grant_result

This web page was last updated on 09/02/2004.

This data was last updated on 10/25/2004 14:15

This page coordinated by: [Natasha McCann](#)

REQUEST FOR ADVANCE OR REIMBURSEMENT (See instructions on back)		Approved by Office of Management and Budget, No. 80-R0183		PAGE 1 OF 1	
1. TYPE OF PAYMENT REQUESTED		a. "X" one, or both boxes () ADVANCE (X) REIMBURSEMENT		2. BASIS OF REQUEST () CASH (X) ACCRUAL	
		b. "X" the applicable box () FINAL (X) PARTIAL			
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED EPA, Region 9, Grants Management, Sec. PMD-7 75 Hawthorne Street, San Francisco, CA 94105		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY FS - 98969501 - 0 ✓		5. PARTIAL PMT REQUEST NO. FOR THIS REQUEST #06 ✓	
6. EMPLOYER IDENTIFICATION NUMBER 86-0134082	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 579 - xxxx - 6260 - 579	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year): 06/01/04 TO (month, day, year): 08/31/04			
9. RECIPIENT ORGANIZATION Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039		10. PAYEE (Where check is to be sent is different than item 9) Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039			
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)	TOTAL
a. Total program outlays (As of date) to date 8/31/2004		\$ 396,785.24			\$ 396,785.24
b. Less: Cumulative program income					
c. Net program outlays (line a minus line b)		\$ 396,785.24			\$ 396,785.24
d. Estm net cash outlays for advance period					
e. Total (Sum of lines c & d)		\$ 396,785.24			\$ 396,785.24
f. Non-Federal Share of amount on line e					
g. Federal share of amount on line e		\$ 396,785.24			\$ 396,785.24
h. Federal payments previously requested		\$ 299,897.77			\$ 299,897.77
i. Federal share now requested (Line g minus line h)		\$ 96,887.47			\$ 96,887.47
j. Advances required by month when requested by Federal grantor agency for use in prescheduled advances.		1st month			
		2nd month			
		3rd month			
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal Cash outlays that will be made during period covered by this advance					
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period					
c. Amount requested (Line a minus line b)					
13. CERTIFICATION					
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE REQUEST SUBMITTED	
		TYPE OR PRINTED NAME AND TITLE Winifred Secakuku-Serawop Finance Director		9.27.04 TELEPHONE NUMBER (920) 734-3301	
This space for agency use <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <i>No indirect charged.</i> </div> <div style="text-align: center;"> RECEIVED OCT 04 2004 GMO, PMD-7 </div> </div>					

Report Date: 09/23/04
Run Date...: 09/23/04 13:28

MOEN DRINKING WATER INFRA
G/L Trial Balance - Detail in the Order of FUND
For All Accounts From 579 4000 6260 To 579 9999 6260
Beginning of.: June 1, 2004 (09-04) Thru Ending of.: August 31, 2004 (11-04)

Page.: 1
ID # GLTB
CTL.: 579

G/L Account No

Ctr	Cal.	Fisc1	Date	Jrnl	Line	Description	Debit	Credit
579	4005	6260				EPA MOEN DRINKG OVERTIME PAY OFF USE ONLY		
						Balance June 1, 2004 (09-04)	3,669.61	
						Activity ---->	.00	.00
						Balance August 31, 2004 (11-04)	3,669.61	
579	5100	6260				EPA MOEN DRINKG TRAVEL -ROUTINE OFF USE ONLY		
						Balance June 1, 2004 (09-04)	.00	
HOP	Aug	2004	11-2004	08/03/04	04-01	0180 Vendor NUT00 Invoice DNR77004* TEC 7/26-28/04 FLAGSTAFF, AZ NUTONGLA, NAT A.	282.98	
HOP	Aug	2004	11-2004	08/03/04	04-01	0181 Vendor ROB02 Invoice DNR76904* TEC 7/26-28/04 FLAGSTAFF, AZ ROBERSON, JOELYN	256.56	
						Activity ---->	539.54	.00
						Balance August 31, 2004 (11-04)	539.54	
579	5500	6260				EPA MOEN DRINKG OFFICE SUPPLIES OFF USE ONLY		
						Balance June 1, 2004 (09-04)	676.59	
						Activity ---->	.00	.00
						Balance August 31, 2004 (11-04)	676.59	
579	5520	6260				EPA MOEN DRINKG PRINTING/BIND. OFF USE ONLY		
						Balance June 1, 2004 (09-04)	1,545.60	
						Activity ---->	.00	.00
						Balance August 31, 2004 (11-04)	1,545.60	
579	5550	6260				EPA MOEN DRINKG GEN OPER SUPPLS OFF USE ONLY		
						Balance June 1, 2004 (09-04)	86.00	
HOP	Jun	2004	09-2004	06/08/04	04-05	0088 Vendor TRU02 Invoice 7395 pA400003 WTR RESOURCES PO #A40000381 TRUE VALUE-WESTERNER	144.99	
						Activity ---->	144.99	.00
						Balance August 31, 2004 (11-04)	230.99	
579	5600	6260				EPA MOEN DRINKG GAS, OIL & LUBE OFF USE ONLY		
						Balance June 1, 2004 (09-04)	3,048.84	
HOP	Jul	2004	10-2004	07/29/04	48-01	0016 EXPENSE SHELL RQ#194657 INV#8000190721407 AC#80-001-9072-1 BD:7/1/04	292.50	
HOP	Aug	2004	11-2004	08/16/04	49-00	0001 EXPENSE-CHEVRON/RQ#194664/INV#7973508729407/ACCT#7 973508729/BD: 7/16/04	728.23	
HOP	Aug	2004	11-2004	08/27/04	48-00	0013 EXPENSE SHELL RQ#194678 INV#8000190721408 AC#80-001-9072-1 BD: 8/1/04	145.67	
						Activity ---->	1,166.40	.00
						Balance August 31, 2004 (11-04)	4,215.24	
579	6700	6260				EPA MOEN DRINKG CONSULTING SERV OFF USE ONLY		
						Balance June 1, 2004 (09-04)	290,871.13	
HOP	Jun	2004	09-2004	06/08/04	04-05	0089 Vendor ARI07 Invoice 3/19/04 pA300011 INV#03HOPI02-10 PO #A30001106 THE GEOMOETER, INC bda	6,206.64	
HOP	Jun	2004	09-2004	06/08/04	04-05	0090 Vendor ARI07 Invoice 4/16/04 pA300011 INV#03HOPI02-11 PO #A30001106 THE GEOMOETER, INC bda	3,181.55	
HOP	Jul	2004	10-2004	07/22/04	04-14	0168 Vendor ARI07 Invoice 6/11/04 pA300011	506.64	

Report Date: 09/23/04
Run Date...: 09/23/04 13:28

MOEN DRINKING WATER INFRA
G/L Balance - Detail in the Order of FUND
For All Accounts From 579 4000 6260 To 579 9999 6260
Beginning of.: June 1, 2004 (09-04) Thru Ending of.: August 31, 2004 (11-04)

Page.: 2
ID # GLTB
CTL.: 579

G/L Account No

Ctr	Cal.	Fiscal	Date	Jrnl	Line	Description	Debit	Credit
579	6700	6260				EPA MOEN DRINKG CONSULTING SERV OFP USE ONLY (Continues..)		
						INV#03HOPI02-13 PO #A30001106		
						THE GEOMOETER, INC bda		
HOP	Aug	2004	11-2004	08/13/04	04-08	0146 Vendor ARI07 Invoice 6/11/04*	pA400014	588.00
						INV#03HOPI02.1-1 PO #A40001430		
						THE GEOMOETER, INC bda		
HOP	Aug	2004	11-2004	08/19/04	04-12	0392 Vendor ARI07 Invoice 7/09/04	pA400014	6,948.50
						INV#03HOPI02.1-2 PO #A40001430		
						THE GEOMOETER, INC bda		
HOP	Aug	2004	11-2004	08/24/04	04-15	0154 Vendor ARI07 Invoice 5/14/04	pA300011	506.64
						INV#03HOPI02-12 PO #A30001106		
						THE GEOMOETER, INC bda		
HOP	Aug	2004	11-2004	08/25/04	04-16	0137 Vendor BOB02 Invoice 18408060	pA400012	55,782.50
						PO #A40001215		
						BOB BEEMAN DRILLING CO.		
HOP	Aug	2004	11-2004	08/25/04	04-16	0138 Vendor BOB02 Invoice 18408060		13,000.00
						RQ#183715 DP OVG PO#A4-1215		
						BOB BEEMAN DRILLING CO.		
HOP	Aug	2004	11-2004	08/25/04	04-16	0139 Vendor BOB02 Invoice 18408060*		8,316.07
						DP OVG PO#A4-1215		
						BOB BEEMAN DRILLING CO.		
						Activity ---->	95,036.54	.00
						Balance August 31, 2004 (11-04)	385,907.67	

THE HOPI TRIBE



September 27, 2004

Wayne Taylor, Jr.
CHAIRMAN

Caleb H. Johnson
VICE-CHAIRMAN

Ms. Elizabeth Stahl, Grants Specialist
U.S. Environmental Protection Agency
75 Hawthorne Street, PMD - 7
San Francisco, CA 94105

Dear Ms. Stahl:

Enclosed are the required reports for the following:

1. Grant No.: C9-98924900-0
SF 270 Request for Reimbursement #03
2. Grant No.: FS-98969401-0
SF 270 Request for Reimbursement #05
3. Grant No.: FS-98969501-0
SF 270 Request for Reimbursement #06
4. Grant No.: LS-97948903-0
SF 270 Request for Reimbursement #05
5. Grant No.: L-97949003-0
SF 270 Request for Reimbursement #07
6. Grant No.: S-98986801-0
SF 270 Request for Reimbursement #17
7. Grant No.: GA-97933501-1
SF 270 Request for Reimbursement #16

The Hopi Tribe is not requesting reimbursement for FY 2004 Indirect Costs.

Please feel free to contact Richard Kagenveama, C/G Accountant if you have any questions regarding the above mentioned reports.

Sincerely,


Winifred Secakuku-Serawop, Director
Office of Financial Management

Enclosures
Xc: Program Files

RECEIVED

OCT 04 2004

GMO, PMD-7

 Bessie Lee

10/14/2004 02:37 PM

To: Elizabeth Stahl/R9/USEPA/US@EPA

CC:

Subject: Approval of Requests for Reimbursement - Hopi DWTS
Infrastructure Grants

Elizabeth,


The Requests for Reimbursements for the following Hopi Tribe grants are approved:

- FS-98969401 (for the Shungopavi drinking water infrastructure project)
- FS-98969501 (for the Monekopi drinking water infrastructure project)

I had one question for Hopi and that was who the vendor "The Geomoeter, Inc." was that was listed under "Consulting Services". They explained that is the name of Arizona Engineering Company, who is the contractor working on both infrastructure projects.

~~~~~  
Bessie Lee

~~~~~  
U.S. Environmental Protection Agency, Region 9
Drinking Water Office (WTR-6)
75 Hawthorne Street
San Francisco, California 94105-3901
Phone: (415) 972-3776
Fax: (415) 947-3549
E-mail: lee.bessie@epa.gov

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		Approved by Office of Management and Budget, No. 80-R0183		PAGE 1 OF 1	
		1. TYPE OF PAYMENT REQUESTED a. "X" one, or both boxes () ADVANCE (X) REIMBURSEMENT b. "X" the applicable box () FINAL (X) PARTIAL		2. BASIS OF REQUEST () CASH (X) ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED EPA, Region 9, Grants Management, Sec. PMD-7 75 Hawthorne Street, San Francisco, CA 94105		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY FS - 98969501 - 0 ✓		5. PARTIAL PMT REQUEST NO. FOR THIS REQUEST #05 ✓	
6. EMPLOYER IDENTIFICATION NUMBER 86-0134082	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 579 - xxxx - 6260 - 579	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year): 04/01/04 TO (month, day, year): 05/31/04			
9. RECIPIENT ORGANIZATION Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039		10. PAYEE (Where check is to be sent is different than item 9) Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039			
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)	TOTAL
a. Total program outlays (As of date) to date 5/31/2004		\$ 299,897.77			\$ 299,897.77
b. Less: Cumulative program income					
c. Net program outlays (line a minus line b)		\$ 299,897.77			\$ 299,897.77
d. Estm net cash outlays for advance period					
e. Total (Sum of lines c & d)		\$ 299,897.77			\$ 299,897.77
f. Non-Federal Share of amount on line e					
g. Federal share of amount on line e		\$ 299,897.77			\$ 299,897.77
h. Federal payments previously requested		\$ 283,198.15			\$ 283,198.15
i. Federal share now requested (Line g minus line h)		\$ 16,699.62			\$ 16,699.62
j. Advances required by month when requested by Federal grantor agency for use in prescheduled advances.		1st month			
		2nd month			
		3rd month			
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal Cash outlays that will be made during period covered by this advance					
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period					
c. Amount requested (Line a minus line b)					
13. CERTIFICATION					
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 		DATE REQUEST SUBMITTED 06-21-04	
		TYPE OR PRINTED NAME AND TITLE Winifred Secakuku-Serawop Finance Director		TELEPHONE NUMBER (920) 734-3301	
This space for agency use <div style="text-align: right;"> RECEIVED JUL 01 2004 GMO, PMD-7 </div>					

Report Date: 06/18/04
Run Date...: 06/18/04 12:11

G/L Tr MOEN DRINKING WATER INFRA
Balance - Detail in the Order of FUND
For All Accounts From 579 4000 6260 To 579 ||| 6260
Beginning of.: April 1, 2004 (07-04) Thru Ending of.: May 31, 2004 (08-04)

Page.: 1
ID # GLTB
CTL.: 579

G/L Account No

Ctr	Cal.	Fiscal	Date	Jrnl	Line	Description	Debit	Credit
579	4005	6260				EPA MOEN DRINKG OVERTIME PAY OFF USE ONLY		
						Balance April 1, 2004 (07-04)	.00	
HOP	Apr	2004	07-2004	04/27/04	79-03	0001 TRANSFER OT WAGES TO CORRECT ACCT. PER MEMO FROM N.NUTONGLA OF WRP DATED 4/6/04. JOELLYNN ROBERSON;PP#2(12/28/03-1/10/04);\$194.96 CR:542-4005-6260-42J	194.96	
HOP	Apr	2004	07-2004	04/27/04	79-03	0003 TRANSFER OT WAGES TO CORRECT ACCT. PER MEMO FROM N.NUTONGLA OF WRP DATED 4/6/04. PERRY HONANI;PP#3=\$303.35;PP#4=\$925.07;PP#5=\$75.83 CR:102-4005-6265	1,304.25	
HOP	Apr	2004	07-2004	04/27/04	79-03	0005 TRANSFER OT WAGES TO CORRECT ACCT. PER MEMO FROM N.NUTONGLA OF WRP DATED 4/6/04. YOLANDA NASAFOTIE;PP#3=\$614.79;PP#4=\$1136.43;PP#5=\$419.18. CR:102-4005-6265	2,170.40	
						Total for Apr 2004 ---->	3,669.61	.00
						Activity ---->	3,669.61	.00
						Balance May 31, 2004 (08-04)	3,669.61	
579	5500	6260				EPA MOEN DRINKG OFFICE SUPPLIES OFF USE ONLY		
						Balance April 1, 2004 (07-04)	676.59	
						Activity ---->	.00	.00
						Balance May 31, 2004 (08-04)	676.59	
579	5520	6260				EPA MOEN DRINKG PRINTING/BIND. OFF USE ONLY		
						Balance April 1, 2004 (07-04)	1,545.60	
						Activity ---->	.00	.00
						Balance May 31, 2004 (08-04)	1,545.60	
579	5550	6260				EPA MOEN DRINKG GEN OPER SUPPLS OFF USE ONLY		
						Balance April 1, 2004 (07-04)	86.00	
						Activity ---->	.00	.00
						Balance May 31, 2004 (08-04)	86.00	
579	5600	6260				EPA MOEN DRINKG GAS, OIL & LUBE OFF USE ONLY		
						Balance April 1, 2004 (07-04)	2,968.83	
HOP	Apr	2004	07-2004	03/08/04	66-00	0013 To expense Shell Credit Card gas charges R#182773 Inv#8000190721312, Acct#80-001-9072-1 CR 102-1252-0010	80.01	
						Total for Apr 2004 ---->	80.01	.00
						Activity ---->	80.01	.00
						Balance May 31, 2004 (08-04)	3,048.84	

Report Date: 06/18/04
Run Date...: 06/18/04 12:11

MOEN DRINKING WATER INFRA
G/L Trial Balance - Detail in the Order of FUND
For All Accounts From 579 4000 6260 To 579 |||| 6260
Beginning of.: April 1, 2004 (07-04) Thru Ending of.: May 31, 2004 (08-04)

Page.: 2
ID # GLTB
CTL.: 579

G/L Account No

Ctr	Cal.	Fiscal	Date	Jrnl	Line	Description	Debit	Credit
-----	------	--------	------	------	------	-------------	-------	--------

579 6700 6260

EPA MOEN DRINKG CONSULTING SERV OFP USE ONLY

Balance April 1, 2004 (07-04)

277,921.13

HOP Apr 2004 07-2004 04/01/04 04-00 0060 Vendor ARI07 Invoice 03HOPI029
PO #A30001106
THE GEOMOETER, INC bda

pA300011

11,400.00

Total for Apr 2004 ---->

11,400.00

.00

HOP May 2004 08-2004 05/17/04 04-10 0111 Vendor ETD00 Invoice 5/7/04
PO #A40001108
ETD, INC CONSULTING AND

pA400011

1,550.00

Total for May 2004 ---->

1,550.00

.00

Activity ---->

12,950.00

.00

Balance May 31, 2004 (08-04)

290,871.13

Total for FUND 579 ---->

299,897.77

.00

Total Detail Activity for FUND 579 ---->

16,699.62

.00

REPORT TOTAL ---->

299,897.77

.00

REPORT TOTAL for Detail Activity ---->

16,699.62

.00



Financial Data Warehouse Document Review

Document Summary: General Ledger Entries

Doc Type: GO

Doc No: FS98969501

Order Date: 09/28/00

Effective Date: 10/01/00

Closed Date:

Servicing Finance Office: AP09

Order Amount: \$1,259,000.00

Paid Amount: \$283,198.15

Available Amount: \$975,801.85

Vendor: THE HOPI TRIBE

Document Details:

Line#	Line Amt	Paid Amt	Available Amt	BFY	Fund	Org	Program	Job	BOC	CostOrg	Comments
001	\$42,000.00	\$42,000.00	\$0.00	2000	E3C	09LA09K	20101B	99DB	4109		0009W6E043
002	\$1,217,000.00	\$241,198.15	\$975,801.85	2001	E3C	09LA09K	20101B	00DB	4109		0109W6E040

Document Activity:

Date	Ref Amount	Related Document	Direction	Date	Ref Amount	Related Document	Date	Ref Amount	Related Document
05/28/04	\$242,219.58	GP A4001153734	Forward						
05/28/04	\$6,023.65	GP A4001153741	Forward						
09/21/01	\$1,217,000.00	RQ 0109W6E040	Back						
06/18/01	\$8,052.40	GP A1001846901	Forward						
06/18/01	\$26,902.52	GP A1001846918	Forward						
09/28/00	\$42,000.00	RQ 0009W6E043	Back						

[Financial Data Warehouse Homepage](#)
[EPA@Work Home](#) | [EPA Internet](#) | [Search](#) | [Comments](#)
http://oasint.rtpnc.epa.gov/pls/neis/grant_web.grant_result

This web page was last updated on 03/22/2003.

This data was last updated on 07/07/2004 16:06

This page coordinated by: [Natasha McCann](#)

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		Approved by Office of Management and Budget, No. 80-R0183		PAGE 1	OF 1
		1. TYPE OF PAYMENT REQUESTED	a. "X" one, or both boxes () ADVANCE (X) REIMBURSEMENT b. "X" the applicable box () FINAL (X) PARTIAL	2. BASIS OF REQUEST () CASH (X) ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED EPA, Region 9, Grants Management, Sec. PMD-7 75 Hawthorne Street, San Francisco, CA 94105		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY FS - 98969501 - 0		5. PARTIAL PMT REQUEST NO. FOR THIS REQUEST #04 ✓	
6. EMPLOYER IDENTIFICATION NUMBER 86-0134082	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER ✓ 579 - xxxx - 6260 - 579	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year): 01/01/04 TO (month, day, year): 03/31/04			
9. RECIPIENT ORGANIZATION Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039		10. PAYEE (Where check is to be sent is different than item 9) Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039			
COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED					
11. PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)	TOTAL
a. Total program outlays (As of date) to date 3/31/2004		\$ 283,198.15			\$ 283,198.15
b. Less: Cumulative program income					
c. Net program outlays (line a minus line b)		\$ 283,198.15			\$ 283,198.15
d. Estm net cash outlays for advance period					
e. Total (Sum of lines c & d)		\$ 283,198.15			\$ 283,198.15
f. Non-Federal Share of amount on line e					
g. Federal share of amount on line e		\$ 283,198.15			\$ 283,198.15
h. Federal payments previously requested		\$ 40,978.57			\$ 40,978.57
i. Federal share now requested (Line g minus line h)		\$ 242,219.58			\$ 242,219.58
j. Advances required by month when requested by Federal grantor agency for use in prescheduled advances.		1st month			
		2nd month			
		3rd month			
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal Cash outlays that will be made during period covered by this advance					
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period					
c. Amount requested (Line a minus line b)					
13. CERTIFICATION					
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>Winifred Secakuku-Serawop</i>			DATE REQUEST SUBMITTED 05.17.04
		TYPE OR PRINTED NAME AND TITLE Winifred Secakuku-Serawop Finance Director			TELEPHONE NUMBER (920) 734-3301
This space for agency use <div style="float: right; text-align: right;"> RECEIVED MAY 24 2004 GMO, PMD-7 </div> <div style="clear: both;"></div>					

On hold pending receipt of back up docs.

REPORT.: 05/14/04
 RUN....: 05/14/04 TIME: 10:47

MOEN DRINKING WATER INFRA
 Status Report with Encumbrance by FUND
 for Calendar Period.: 03-04 Fiscal Period.: 06

PAGE: C01
 ID #: GLIS
 CTL.: 579

FUND #: 579

Name: EPA MOEN DRINKG

Percent of Year Remaining: 50%

Expense Description	Current Month	Year to Date Actual	<*> Annual Encumbrance	Annual Actual+Encum.	Annual Budget	Remaining Budget	Rem%
4005 6260 OVERTIME PAY OFF USE ONLY	0.00	0.00	0.00	0.00	21898.00	21898.00	100
5100 6260 TRAVEL -ROUTINE OFF USE ONLY	0.00	0.00	0.00	0.00	8000.00	8000.00	100
5250 6260 SEMIN/TRAIN FEE OFF USE ONLY	0.00	0.00	0.00	0.00	6000.00	6000.00	100
5500 6260 OFFICE SUPPLIES OFF USE ONLY	0.00	676.59	0.00	676.59	6120.00	5443.41	89
5510 6260 POSTAGE OFF USE ONLY	0.00	0.00	0.00	0.00	2000.00	2000.00	100
5520 6260 Printing & Binding	0.00	1545.60	0.00	1545.60	3000.00	1454.40	48
5550 6260 - General Operating Supplies - Field Exp.	0.00	86.00	200.00	286.00	0.00	-286.00	-999
5600 6260 - Gas/Oil	0.00	2968.83	0.00	2968.83	4000.00	1031.17	26
6700 6260 - Consulting	240116.13	277921.13	6115875.66	6393796.79	1207982.00	-5185814.79	-429
Total Expense ----->	240116.13	283198.15	6116075.66	6399273.81	1259000.00	-5140273.81	-408
<*> FUND TOTAL	-240116.13	-283198.15	-6116075.66	-6399273.81	-1259000.00	5140273.81	-408

0.0

<*> Annual Encumbrance figures Show This Periods Snapshot
 <*> FUND Total = Total of Revenues - Total of Expenses

0.0

#1.04

323.67+

#2.04

1,779.78+

#3.04

240,115.13+

242,219.58*

0.0

REPORT.: 05/14/04
 RUN....: 05/14/04 TIME: 10:46

MOEN DRINKING WATER INFRA
 Status Report with Encumbrance by FUND
 for Calendar Period.: 02-04 Fiscal Period.: 05

PAGE: 001
 Copy 1 of 2 ID #: GLIS
 CTL.: 579

FUND #: 579

Name: EPA MOEN DRINKS

Percent of Year Remaining: 58%

Expense Description	Current Month	Year to Date Actual	<*> Annual Encumbrance	Annual Actual-Encum.	Annual Budget	Remaining Budget	Rem%
4005 6260 OVERTIME PAY OFF USE ONLY	0.00	0.00	0.00	0.00	21898.00	21898.00	100
5100 6260 TRAVEL -ROUTINE OFF USE ONLY	0.00	0.00	0.00	0.00	8000.00	8000.00	100
5250 6260 SEMIN/TRAIN FEE OFF USE ONLY	0.00	0.00	0.00	0.00	6000.00	6000.00	100
5500 6260 OFFICE SUPPLIES OFF USE ONLY	0.00	676.59	0.00	676.59	6120.00	5443.41	89
5510 6260 POSTAGE OFF USE ONLY	0.00	0.00	0.00	0.00	2000.00	2000.00	100
5520 6260	0.00	1545.60	0.00	1545.60	3000.00	1454.40	48
5550 6260	0.00	86.00	200.00	286.00	0.00	-286.00	999
5600 6260	778.78	2968.83	0.00	2968.83	4000.00	1031.17	26
6700 6260	1001.00	37805.00	10175300.66	10213105.66	1207982.00	-9005123.66	-745
Total Expense ----->	1779.78	43082.02	10175500.66	10218582.68	1259000.00	-8959582.68	-712
<+> FUND TOTAL	-1779.78	-43082.02	-10175500.66	-10218582.68	-1259000.00	8959582.68	-712

<*> Annual Encumbrance figures Show This Periods Snapshot
 <+> FUND Total = Total of Revenues - Total of Expenses

REPORT.: 05/14/04
 RUN....: 05/14/04 TIME: 10:46

MOEN DRINKING WATER INFRA
 Status Report with Encumbrance by FUND
 for Calendar Period.: 01-04 Fiscal Period.: 04

PAGE: 001
 Copy 1 of 2 ID #: GLIS
 CTL.: 579

FUND #: 579

Name: SPA MOEN DRINKG

Percent of Year Remaining: 67%

Expense Description	Current Month	Year to Date Actual	<*> Annual Encumbrance	Annual Actual+Encum.	Annual Budget	Remaining Budget	Rem%
4005 6260 OVERTIME PAY OFF USE ONLY	0.00	0.00	0.00	0.00	21898.00	21898.00	100
5100 6260 TRAVEL -ROUTINE OFF USE ONLY	0.00	0.00	0.00	0.00	8000.00	8000.00	100
5250 6260 SEMIN/TRAIN FEE OFF USE ONLY	0.00	0.00	0.00	0.00	6000.00	6000.00	100
5500 6260 OFFICE SUPPLIES OFF USE ONLY	0.00	676.59	0.00	676.59	6120.00	5443.41	89
5510 6260 POSTAGE OFF USE ONLY	0.00	0.00	0.00	0.00	2000.00	2000.00	100
5520 6260	0.00	1545.60	0.00	1545.60	3000.00	1454.40	48
5550 6260	0.00	86.00	0.00	86.00	0.00	-86.00	-999
5600 6260	323.67	2190.05	500.00	2690.05	4000.00	1309.95	33
6700 6260	0.00	36804.00	10176301.66	10213105.66	1207982.00	-9005123.66	-745
Total Expense ----->	323.67	41302.24	10176801.66	10218103.90	1259000.00	-8959103.90	-712
<+> FUND TOTAL	-323.67	-41302.24	-10176801.66	-10218103.90	-1259000.00	8959103.90	-712

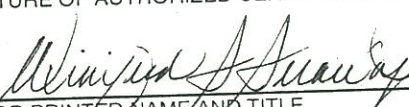
<*> Annual Encumbrance figures Show This Periods Snapshot
 <+> FUND Total = Total of Revenues - Total of Expenses

Report Date: 05/21/04
Run Date...: 05/21/04 15:13

MOEN DRINKING WATER INFRA
G/L Trial Balance - Detail in the Order of FUND
For All Accounts From 579 4005 6260 To 579 6700 6260
Beginning of.: January 1, 2004 (04-04) Thru Ending of.: March 31, 2004 (06-04)

Page.: 1
ID # GLTB
CTL.: 579

G/L Account No	Ctr	Cal.	Fiscal	Date	Jrnl	Line	Description	Debit	Credit
579 4005 6260							EPA MOEN DRINKG OVERTIME PAY OFF USE ONLY		
							Balance January 1, 2004 (04-04)	.00	
							Activity ---->	.00	.00
							Balance March 31, 2004 (06-04)	.00	
579 5500 6260							EPA MOEN DRINKG OFFICE SUPPLIES OFF USE ONLY		
							Balance January 1, 2004 (04-04)	676.59	
							Activity ---->	.00	.00
							Balance March 31, 2004 (06-04)	676.59	
579 5520 6260							EPA MOEN DRINKG PRINTING/BIND. OFF USE ONLY		
							Balance January 1, 2004 (04-04)	1,545.60	
							Activity ---->	.00	.00
							Balance March 31, 2004 (06-04)	1,545.60	
579 5550 6260							EPA MOEN DRINKG GEN OPER SUPPLS OFF USE ONLY		
							Balance January 1, 2004 (04-04)	86.00	
							Activity ---->	.00	.00
							Balance March 31, 2004 (06-04)	86.00	
579 5600 6260							EPA MOEN DRINKG GAS, OIL & LUBE OFF USE ONLY		
							Balance January 1, 2004 (04-04)	1,866.39	
HOP Jan 2004 04-2004				01/16/04	04-06	0102	Vendor VIL01 Invoice AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE	1160	33.00
HOP Jan 2004 04-2004				01/16/04	04-06	0103	Vendor VIL01 Invoice AC#288 PO #A30003101 KYKOTSMOVI VILLAGE STORE	2478	24.00
HOP Jan 2004 04-2004				01/16/04	04-06	0104	Vendor VIL01 Invoice AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE	3011	41.00
HOP Jan 2004 04-2004				01/16/04	04-06	0105	Vendor VIL01 Invoice AC#288 PO #A30003101 KYKOTSMOVI VILLAGE STORE	7728	34.01
HOP Jan 2004 04-2004				01/16/04	04-06	0106	Vendor VIL01 Invoice AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE	*0671	30.00
HOP Jan 2004 04-2004				01/16/04	04-06	0107	Vendor VIL01 Invoice AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE	*1015	31.00
HOP Jan 2004 04-2004				01/16/04	04-06	0108	Vendor VIL01 Invoice AC#288 PO #A30003101 KYKOTSMOVI VILLAGE STORE	*2487	27.50
HOP Jan 2004 04-2004				01/16/04	04-06	0109	Vendor VIL01 Invoice AC#288 PO #A30003101 KYKOTSMOVI VILLAGE STORE	*4537	27.00
HOP Jan 2004 04-2004				01/16/04	04-06	0110	Vendor VIL01 Invoice AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE	4561*	34.16
HOP Jan 2004 04-2004				01/16/04	04-06	0111	Vendor VIL01 Invoice AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE	5433*	10.00
HOP Jan 2004 04-2004				01/16/04	04-06	0112	Vendor VIL01 Invoice AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE	6788*	32.00
HOP Feb 2004 05-2004				02/03/04	04-01	0144	Vendor VIL01 Invoice AC#288 PO #A30003101 KYKOTSMOVI VILLAGE STORE	7369	29.00
HOP Feb 2004 05-2004				02/03/04	04-01	0145	Vendor VIL01 Invoice AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE	8400	33.30
HOP Feb 2004 05-2004				02/03/04	04-01	0146	Vendor VIL01 Invoice AC#407 PO #A30003101 KYKOTSMOVI VILLAGE STORE	*0018	45.00

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		Approved by Office of Management and Budget, No. 80-R0183		PAGE 1 OF 1	
		1. TYPE OF PAYMENT REQUESTED a. "X" one, or both boxes) ADVANCE X) REIMBURSEMENT b. "X" the applicable box) FINAL (X) PARTIAL		2. BASIS OF REQUEST () CASH (X) ACCRUAL	
				5. PARTIAL PMT REQUEST NO. FOR THIS REQUEST REVISED #03	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED EPA, Region 9, Grants Management, Sec. PMD-7 75 Hawthorne Street, San Francisco, CA 94105		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY FS - 98969501 - 0			
6. EMPLOYER IDENTIFICATION NUMBER 86-0134082	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 579 - xxxx - 6260 - 579	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year): 06/01/01 TO (month, day, year): 12/31/03			
9. RECIPIENT ORGANIZATION Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039		10. PAYEE (Where check is to be sent is different than item 9) Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039			
COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED					
11.					
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)	TOTAL
a. Total program outlays (As of date) to date 12/31/2003		\$ 40,978.57			\$ 40,978.57
b. Less: Cumulative program income					
c. Net program outlays (line a minus line b)		\$ 40,978.57			\$ 40,978.57
d. Estm net cash outlays for advance period					
e. Total (Sum of lines c & d)		\$ 40,978.57			\$ 40,978.57
f. Non-Federal Share of amount on line e					
g. Federal share of amount on line e		\$ 40,978.57			\$ 40,978.57
h. Federal payments previously requested		\$ 34,954.92			\$ 34,954.92
i. Federal share now requested (Line g minus line h)		\$ 6,023.65			\$ 6,023.65
j. Advances required by month when requested by Federal grantor agency for use in prescheduled advances.		1st month			
		2nd month			
		3rd month			
ALTERNATE COMPUTATION FOR ADVANCES ONLY					
12.					
a. Estimated Federal Cash outlays that will be made during period covered by this advance					
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period					
c. Amount requested (Line a minus line b)					
CERTIFICATION					
13. SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL  TYPE OR PRINTED NAME AND TITLE Winifred Secakuku-Serawop Finance Director					DATE REQUEST SUBMITTED 05.17.04 TELEPHONE NUMBER (920) 734-3301
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.					
This space for agency use <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 1.2em;"> On hold pending receipt of back-up documents </div> <div style="text-align: center;"> RECEIVED MAY 24 2004 GMO, PMD-7 </div> </div>					

DEPARTMENT/PROGRAM: DNR-Water Resources Program

C/G Title: Drinking Water Infrastructure Tribal Settlement Program - Moenkopi

AWARD: \$1,259,000.00

C/G PERIOD: October 01, 2000 - November 30, 2005

HOPI IDENTIFYING NUMBER: 579 - XXXX - 6260 - 579

C/G NO: FS - 98969801 - 0

AMENDMENTS				DRAWDOWNS				EXPENDITURES			CASH
DATE	AMEND. NO.	DESCRIPTION	AMOUNT	D/D NO.	AMOUNT	RCPT. NO.	DATE OF RECEIPT	L-O-C BALANCE	MONTH YEAR	AMOUNT	ON HAND
09/20/00	AWARD		\$ 42,000.00		\$ -			\$ 42,000.00	Oct-00	\$ -	\$ -
02/27/01	#01	Extension to 08/31/01			-			42,000.00	Feb-01	-	-
					-			42,000.00	Mar-01	6,914.22	(6,914.22)
					-			42,000.00	Apr-01	1,138.18	(8,052.40)
					-			42,000.00	May-01	9,715.73	(17,768.13)
09/19/01	#02	Increase Funding & Extension to 4/30/03	\$ 1,217,000.00	#01	8,052.40	89683	6/22/2001	1,250,947.60	Jun-01	-	(9,715.73)
					-			1,250,947.60	Oct-02	-	(9,715.73)
				#02	26,902.52	89684	6/22/2001	1,224,045.08	Nov-02	267.93	16,918.86
					-			1,224,045.08	Dec-02	570.35	16,348.51
					-			1,224,045.08	Jan-03	-	16,348.51
					-			1,224,045.08	Feb-03	-	16,348.51
03/25/03	#03	Extension to 11/30/05			-			1,224,045.08	Mar-03	47.44	16,301.07
					-			1,224,045.08	Apr-03	47.43	16,253.64
					-			1,224,045.08	May-03	190.37	16,063.27
					-			1,224,045.08	Jun-03	83.81	15,979.46
					-			1,224,045.08	Jul-03	4,220.95	11,758.51
					-			1,224,045.08	Aug-03	-	11,758.51
					-			1,224,045.08	Sep-03	10,679.06	1,079.45
					-			1,224,045.08	Oct-03	776.66	302.79
					-			1,224,045.08	Nov-03	3,980.33	(3,677.54)
					-			1,224,045.08	Dec-03	2,346.11	(6,023.65)
					-			1,224,045.08	Jan-04	-	(6,023.65)
					-			1,224,045.08	Feb-04	-	(6,023.65)
					-			1,224,045.08	Mar-04	-	(6,023.65)
					-			1,224,045.08	Apr-04	-	(6,023.65)
					-			1,224,045.08	May-04	-	(6,023.65)
					-			1,224,045.08	Jun-04	-	(6,023.65)
					-			1,224,045.08	Jul-04	-	(6,023.65)
					-			1,224,045.08	Aug-04	-	(6,023.65)
					-			1,224,045.08	Sep-04	-	(6,023.65)
					-			1,224,045.08	Oct-04	-	(6,023.65)
					-			1,224,045.08	Nov-04	-	(6,023.65)
					-			1,224,045.08	Dec-04	-	(6,023.65)
					-			1,224,045.08	Jan-05	-	(6,023.65)
					-			1,224,045.08	Feb-05	-	(6,023.65)
					-			1,224,045.08	Mar-05	-	(6,023.65)
					-			1,224,045.08	Apr-05	-	(6,023.65)
					-			1,224,045.08	May-05	-	(6,023.65)
					-			1,224,045.08	Jun-05	-	(6,023.65)
					-			1,224,045.08	Jul-05	-	(6,023.65)
					-			1,224,045.08	Aug-05	-	(6,023.65)
					-			1,224,045.08	Sep-05	-	(6,023.65)
					-			1,224,045.08	Oct-05	-	(6,023.65)
					-			1,224,045.08	Nov-05	-	(6,023.65)
					-			1,224,045.08	Dec-05	-	(6,023.65)
					-			1,224,045.08	Jan-06	-	(6,023.65)
					-			1,224,045.08	Feb-06	-	(6,023.65)
					-			1,224,045.08	Mar-06	-	(6,023.65)
TOTAL DRAWDOWNS RECEIVED -----					\$ 34,954.92			TOTAL EXPENSES -----		\$ 40,978.57	\$ (6,023.65)

Award + Amendme \$ 1,259,000.00 Award - Drawdowns \$ 1,224,045.08

Award - Expenses = \$ 1,218,021.43

Report Date: 05/21/04
Run Date...: 05/21/04 15:13

MOEN DRINKING WATER INFRA
G/L Trial Balance - Detail in the Order of FUND
For All Accounts From 579 4005 6260 To 579 6700 6260
Beginning of.: June 1, 2001 (09-01) Thru Ending of.: September 30, 2001 (12-01)

Page.: 1
ID # GLTB
CTL.: 579

G/L Account No	Ctrl	Cal.	Fiscal	Date	Jrnl	Line	Description	Debit	Credit
579 5500 6260							EPA MOEN DRINKG OFFICE SUPPLIES OFF USE ONLY		
							Balance June 1, 2001 (09-01)	676.59	
							Activity ---->	.00	.00
							Balance September 30, 2001 (12-01)	676.59	
579 6700 6260							EPA MOEN DRINKG CONSULTING SERV OFF USE ONLY		
							Balance June 1, 2001 (09-01)	17,091.54	
							Activity ---->	.00	.00
							Balance September 30, 2001 (12-01)	17,091.54	
							Total for FUND 579 ---->	17,768.13	.00
							Total Detail Activity for FUND 579 ---->	.00	.00
							REPORT TOTAL ---->	17,768.13	.00
							REPORT TOTAL for Detail Activity ---->	.00	.00

Report Date: 05/21/04
Run Date...: 05/21/04 15:13

MOEN DRINKING WATER INFRA
G/L Trial Balance - Detail in the Order of FUND
For All Accounts From 579 4005 6260 To 579 6700 6260
Beginning of.: October 1, 2001 (01-02) Thru Ending of.: September 30, 2002 (12-02)

Page.: 1
ID # GLTB
CTL.: 579

G/L Account No	Debit	Credit
579 5500 6260		
EPA MOEN DRINKG OFFICE SUPPLIES OFF USE ONLY		
Balance October 1, 2001 (01-02)	676.59	
Activity ---->	.00	.00
Balance September 30, 2002 (12-02)	676.59	
579 6700 6260		
EPA MOEN DRINKG CONSULTING SERV OFF USE ONLY		
Balance October 1, 2001 (01-02)	17,091.54	
Activity ---->	.00	.00
Balance September 30, 2002 (12-02)	17,091.34	
Total for FUND 579 ---->	17,768.13	.00
Total Detail Activity for FUND 579 ---->	.00	.00
REPORT TOTAL ---->	17,768.13	.00
REPORT TOTAL for Detail Activity ---->	.00	.00

Report Date: 05/21/04
Run Date...: 05/21/04 15:13

MOEN DRINKING WATER INFRA
G/L Trial Balance - Detail in the Order of FUND
For All Accounts From 579 4005 6260 To 579 6700 6260
Beginning of.: October 1, 2002 (01-03) Thru Ending of.: September 30, 2003 (12-03)

Page.: 1
ID # GLTB
CTL.: 579

G/L Account No

Ctr	Cal.	Fiscal	Date	Jrnl	Line	Description	Debit	Credit
579	5500	6260				EPA MOEN DRINKG OFFICE SUPPLIES OFF USE ONLY		

Balance October 1, 2002 (01-03)

676.59

Activity ---->

.00

.00

Balance September 30, 2003 (12-03)

676.59

579 5520 6260

EPA MOEN DRINKG PRINTING/BIND. OFF USE ONLY

Balance October 1, 2002 (01-03)

.00

HOP Nov 2002 02-2003 11/12/02 04-07 0119 Vendor PIP01 Invoice 165212
INV#75227(2),75371(3),75568(2)

267.93

HOP Dec 2002 03-2003 12/10/02 04-06 PIP PRINTING
0069 Vendor PIP01 Invoice 76758
PO #A20002678

pa200026

500.00

HOP Dec 2002 03-2003 12/10/02 04-06 PIP PRINTING
0070 Vendor PIP01 Invoice 76758
RQ#167360 DP OVG PO#A2-2678

70.35

HOP Mar 2003 06-2003 03/28/03 04-20 PIP PRINTING
0237 Vendor PIP01 Invoice 78067
PO #A30000551

pa300005

20.53

HOP Mar 2003 06-2003 03/28/03 04-20 FIVE STAR PRINTING
0238 Vendor PIP01 Invoice 78102(2)
PO #A30000551

pa300005

26.91

HOP Apr 2003 07-2003 04/15/03 04-10 FIVE STAR PRINTING
0074 Vendor PIP01 Invoice 78274
PO #A30000551

pa300005

47.43

HOP May 2003 08-2003 05/15/03 04-10 FIVE STAR PRINTING
0215 Vendor PIP01 Invoice 78612
PO #A30000551

pa300005

190.37

HOP Jun 2003 09-2003 06/25/03 04-17 FIVE STAR PRINTING
0108 Vendor PIP01 Invoice 79111
PO #A30001209

pa300012

83.81

HOP Jul 2003 10-2003 07/03/03 04-02 FIVE STAR PRINTING
0174 Vendor PIP01 Invoice 79176
PO #A30001209

pa300012

302.03

HOP Jul 2003 10-2003 07/03/03 04-02 FIVE STAR PRINTING
0175 Vendor PIP01 Invoice 79253
PO #A30001209

pa300012

36.24

Activity ---->

1,545.60

.00

Balance September 30, 2003 (12-03)

1,545.60

579 6700 6260

EPA MOEN DRINKG CONSULTING SERV OFF USE ONLY

Balance October 1, 2002 (01-03)

17,091.54

HOP Jul 2003 10-2003 07/10/03 04-06 0132 Vendor ARI07 Invoice 03HOPI021
PO #A30001106

pa300011

2,869.39

HOP Jul 2003 10-2003 07/24/03 04-17 THE GEOMOETER, INC bda
0119 Vendor ARI07 Invoice 03HOPI022
PO #A30001106

pa300011

1,013.29

HOP Sep 2003 12-2003 09/24/03 04-17 THE GEOMOETER, INC bda
0111 Vendor ARI07 Invoice 03HOPI02
PO #A30001106

pa300011

10,679.06

Activity ---->

14,561.74

.00

Balance September 30, 2003 (12-03)

31,653.28

Total for FUND 579 ---->

33,875.47

.00

Total Detail Activity for FUND 579 ---->

16,107.34

.00

REPORT TOTAL ---->

33,875.47

.00

REPORT TOTAL for Detail Activity ---->

16,107.34

.00

Report Date: 05/21/04
Run Date: 05/21/04 15:13

MOEN DRINKING WATER INFRA
G/L Trial Balance - Detail in the Order of FUND
For All Accounts From 579 4005 6260 To 579 6700 6260
Beginning of: October 1, 2003 (01-04) Thru Ending of: December 31, 2003 (03-04)

Page.: 1
ID # GLTB
CTL.: 579

G/L Account No

Ctr	Cal.	Fiscal	Date	Jrnl	Line	Description	Debit	Credit
579	4005	6260				EPA MOEN DRINKG OVERTIME PAY OFF USE ONLY		
						Balance October 1, 2003 (01-04)	.00	
						Activity ---->	.00	.00
						Balance December 31, 2003 (03-04)	.00	
579	5500	6260				EPA MOEN DRINKG OFFICE SUPPLIES OFF USE ONLY		
						Balance October 1, 2003 (01-04)	676.59	
						Activity ---->	.00	.00
						Balance December 31, 2003 (03-04)	676.59	
579	5520	6260				EPA MOEN DRINKG PRINTING/BIND. OFF USE ONLY		
						Balance October 1, 2003 (01-04)	1,545.60	
						Activity ---->	.00	.00
						Balance December 31, 2003 (03-04)	1,545.60	
579	5550	6260				EPA MOEN DRINKG GEN OPER SUPPLS OFF USE ONLY		
						Balance October 1, 2003 (01-04)	.00	
HOP	Nov	2003	02-2004	11/26/03	66-02	0001 Expense for survey to generate legal descriptions for 2 well sites in Moencopi, Reg#171263 cr 127-3890 Land Ops	86.00	
						Activity ---->	86.00	.00
						Balance December 31, 2003 (03-04)	86.00	
579	5600	6260				EPA MOEN DRINKG GAS, OIL & LUBE OFF USE ONLY		
						Balance October 1, 2003 (01-04)	.00	
HOP	Oct	2003	01-2004	10/07/03	04-04	0145 Vendor VIL01 Invoice AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE	0124	38.00
HOP	Oct	2003	01-2004	10/07/03	04-04	0146 Vendor VIL01 Invoice AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE	9753	24.00
HOP	Oct	2003	01-2004	10/28/03	04-19	0163 Vendor VIL01 Invoice AC#287 PO #A30002465 KYKOTSMOVI VILLAGE STORE	1246	30.00
HOP	Oct	2003	01-2004	10/28/03	04-19	0164 Vendor VIL01 Invoice AC#407 PO #A30002465 KYKOTSMOVI VILLAGE STORE	2685	7.26
HOP	Oct	2003	01-2004	10/28/03	04-19	0165 Vendor VIL01 Invoice AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE	3619	35.00
HOP	Oct	2003	01-2004	10/28/03	04-19	0166 Vendor VIL01 Invoice AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE	6071	33.00
HOP	Oct	2003	01-2004	10/28/03	04-19	0167 Vendor VIL01 Invoice AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE	*2692	35.00
HOP	Oct	2003	01-2004	10/28/03	04-19	0168 Vendor VIL01 Invoice AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE	2120*	21.00
HOP	Oct	2003	01-2004	10/28/03	04-19	0169 Vendor VIL01 Invoice AC#407 PO #A30002465 KYKOTSMOVI VILLAGE STORE	2565*	50.00
HOP	Oct	2003	01-2004	10/28/03	04-19	0170 Vendor VIL01 Invoice AC#407 PO #A30002465 KYKOTSMOVI VILLAGE STORE	2684*	52.00
HOP	Oct	2003	01-2004	10/28/03	04-19	0171 Vendor VIL01 Invoice AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE	3173*	33.00
HOP	Oct	2003	01-2004	10/28/03	04-19	0172 Vendor VIL01 Invoice AC#407 PO #A30002465 KYKOTSMOVI VILLAGE STORE	4358*	26.00
HOP	Oct	2003	01-2004	10/30/03	93-02	0006 Expense Shell RQ#182755 Inv#8000190721310 AC#80-001-9072-1 BD 10/1/03		392.40
HOP	Nov	2003	02-2004	11/24/03	93-00	0015 Expense Chevron RQ#182787 Inv#7973508729310		841.88

Report Date: 05/21/04

Run Date...: 05/21/04 15:13

MOEN DRINKING WATER INFRA

G/L Trial Balance - Detail in the Order of FUND

For All Accounts From 579 4005 6260 To 579 6700 6260

Beginning of.: October 1, 2003 (01-04) Thru Ending of.: December 31, 2003 (03-04)

Page.: 2

ID # GLTB

CTL.: 579

G/L Account No

Ctr	Cal.	Fiscal	Date	Jrnl	Line	Description	Debit	Credit
-----	------	--------	------	------	------	-------------	-------	--------

579 5600 6260

EPA MOEN DRINKG GAS, OIL & LUBE OFF USE ONLY (Continues...)

HOP	Dec	2003	03-2004	12/04/03	04-04	AC#797-350-872-9 BD 10/17/03 0102 Vendor VIL01 Invoice 4053 AC#407 D/P OVG PO#A3-2465 R#171274 KYKOTSMOVI VILLAGE STORE	27.00	
HOP	Dec	2003	03-2004	12/04/03	04-04	0103 Vendor VIL01 Invoice 6878 AC#407 PO #A30002465 KYKOTSMOVI VILLAGE STORE	30.09	pA300024
HOP	Dec	2003	03-2004	12/04/03	04-04	0104 Vendor VIL01 Invoice 8187 AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE	33.00	pA300024
HOP	Dec	2003	03-2004	12/04/03	04-04	0105 Vendor VIL01 Invoice 8506 AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE	31.00	pA300024
HOP	Dec	2003	03-2004	12/04/03	04-04	0106 Vendor VIL01 Invoice *9510 AC#288 PO #A30002465 KYKOTSMOVI VILLAGE STORE	13.29	pA300024
HOP	Dec	2003	03-2004	12/04/03	04-04	0107 Vendor VIL01 Invoice 2376* AC#407 D/P OVG PO#A3-2465 R#171274 KYKOTSMOVI VILLAGE STORE	39.39	
HOP	Dec	2003	03-2004	12/04/03	04-04	0108 Vendor VIL01 Invoice 6558* AC#288 D/P OVG PO#A3-2465 R#171274 KYKOTSMOVI VILLAGE STORE	35.00	
HOP	Dec	2003	03-2004	12/04/03	04-04	0109 Vendor VIL01 Invoice 7403* AC#407 PO #A30002465 KYKOTSMOVI VILLAGE STORE	8.36	pA300024
HOP	Dec	2003	03-2004	12/04/03	04-04	0110 Vendor VIL01 Invoice 9769* AC#288 D/P OVG PO#A3-2465 R#171274 KYKOTSMOVI VILLAGE STORE	21.00	
HOP	Dec	2003	03-2004	12/04/03	04-04	0111 Vendor VIL01 Invoice 9510** AC#288 D/P OVG PO#A3-2465 R#171274 KYKOTSMOVI VILLAGE STORE	9.71	

Activity ----> 1,866.38 .00

Balance December 31, 2003 (03-04)

1,866.38

579 6700 6260

EPA MOEN DRINKG CONSULTING SERV OFF USE ONLY

Balance October 1, 2003 (01-04)

31,653.28

HOP	Nov	2003	02-2004	11/20/03	04-12	0174 Vendor ARI07 Invoice 03HOP1025 PO #A30001106 THE GEOMOETER, INC bda	3,052.45	pA300011
HOP	Dec	2003	03-2004	12/10/03	04-08	0176 Vendor ARI07 Invoice 03HOP1026 PO #A30001106 THE GEOMOETER, INC bda	757.77	pA300011
HOP	Dec	2003	03-2004	12/23/03	04-17	0242 Vendor ARI07 Invoice 03HOP1027 PO #A30001106 THE GEOMOETER, INC bda	1,340.50	pA300011

Activity ----> 5,150.72 .00

Balance December 31, 2003 (03-04)

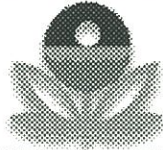
36,804.00

Total for FUND 579 ----> 40,978.57 .00

Total Detail Activity for FUND 579 ----> 7,103.10 .00

REPORT TOTAL ----> 40,978.57 .00

REPORT TOTAL for Detail Activity ----> 7,103.10 .00



Financial Data Warehouse Document Review

Document Summary: General Ledger Entries
Doc Type: GO

Doc No: FS98969501

Order Date: 09/28/00

Effective Date: 10/01/00

Closed Date:
Servicing Finance Office: AP09

Order Amount: \$1,259,000.00

Paid Amount: \$34,954.92

Available Amount: \$1,224,045.08

Vendor: THE HOPI TRIBE

Document Details:
[Expand](#)

Line#	Line Amt	Paid Amt	Available Amt	BFY	Fund	Org	Program	Job	BOC	CostC
001	\$42,000.00	\$34,954.92	\$7,045.08	2000	E3C	09LA09K	20101B	99DB	4109	
002	\$1,217,000.00	\$0.00	\$1,217,000.00	2001	E3C	09LA09K	20101B	00DB	4109	

Document Activity:

Date	Ref Amount	Related Document	Direction	Date	Ref Amount	Related Document	Date
09/21/01	\$1,217,000.00	RQ 0109W6E040	Back				
06/18/01	\$8,052.40	GP A1001846901	Forward				
06/18/01	\$26,902.52	GP A1001846918	Forward				
09/28/00	\$42,000.00	RQ 0009W6E043	Back				

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http://oasint.rtpnc.epa.gov/pls/neis/grant_web.grant_result

This web page was last updated on 03/22/2003.

This data was last updated on 05/20/2004 18:04

This page coordinated by: [Natasha McCann](#)



Financial Data Warehouse Document Review

Document Summary: General Ledger Entries

Doc Type: GO

Doc No: FS98969501

Order Date: 09/28/00

Effective Date: 10/01/00

Closed Date:

Servicing Finance Office: AP09

Order Amount: \$1,259,000.00

Paid Amount: \$34,954.92

Available Amount: \$1,224,045.08

Vendor: THE HOPI TRIBE

Document Details: [Expand](#)

Line#	Line Amt	Paid Amt	Available Amt	BFY	Fund	Org	Program	Job	BOC	CostOr
001	\$42,000.00	\$34,954.92	\$7,045.08	2000	E3C	09LA09K	20101B	99DB	4109	
002	\$1,217,000.00	\$0.00	\$1,217,000.00	2001	E3C	09LA09K	20101B	00DB	4109	

Document Activity:

Date	Ref Amount	Related Document	Direction	Date	Ref Amount	Related Document	Date	Re
09/21/01	\$1,217,000.00	RO 0109W6E040	Back					
06/18/01	\$8,052.40	GP A1001846901	Forward					
06/18/01	\$26,902.52	GP A1001846918	Forward					
09/28/00	\$42,000.00	RO 0009W6E043	Back					

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http://oasint.rtpnc.epa.gov/pls/neis/grant_web.grant_result

This web page was last updated on 03/22/2003.


This data was last updated on 06/04/2003 14:04

This page coordinated by: [Natasha McCann](#) and: [Thomas Ngo](#)

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which report is submitted EPA, Region IX, Grants Mgmt. Sect., PMD-7 75 Hawthorne St., San Francisco, CA 94105		2. Federal Grant or Other Identifying Number by Federal Agency FS-98969501-2		OMB Approval No. 0348-0039		Page 1		Of 1	
3. Recipient Organization (Name and complete address, including ZIP code) The Hopi Tribe P.O. Box 123 Kykotsmovi, Arizona 86039									
4. Employer Identification Number 86-0134082		5. Recipient Account Number or Identifying Number 579-xxxx-6260-579		6. Final Report () Yes (X) No		7. Basis () Cash (X) Accrual			
8. Funding/Grant Period From: (Month, Day, Year) 10/1/2000		To: (Month, Day, Year) 11/30/2005		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2002		To: (Month, Day, Year) 9/30/2003			
10. Transactions:				I Previously Reported		II This Period		III Cumulative	
a. Total outlays				\$ 17,768.13		\$ 16,107.34		\$ 33,875.47	
b. Recipient share of outlays									
c. Federal share of outlays				\$ 17,768.13		\$ 16,107.34		\$ 33,875.47	
d. Total unliquidated obligations								\$ -	
e. Recipient share of unliquidated obligations								\$ -	
f. Federal share of unliquidated obligations								\$ -	
g. Total Federal share (Sum of lines c and f)								\$ 33,875.47	
h. Total Federal funds authorized for this funding period								\$ 1,259,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)								\$ 1,225,124.53	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate space) () Provisional () Predetermined () Final () Fixed							
		b. Rate N/A		c. Base N/A		d. Total Amount N/A		e. Federal Share N/A	
12. Remarks: Attach any explanation.									
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.									
Typed or Printed Name and Title Winifred Secakuku-Serawop, Finance Director						Telephone (Area Code, number and extension) (928) 734-3301			
Signature of Authorized Certifying Official 						Date Report Submitted 05-17-04			



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MAY 24 2004
GMO, PMD-7

cc: K. Ryan

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

Approved by Office of Management and
Budget, No. 80-R0183

PAGE 1 OF 1

1. TYPE OF PAYMENT
REQUESTED

a. "X" one, or both boxes
() ADVANCE
(X) REIMBURSEMENT

b. "X" the applicable box
() FINAL (X) PARTIAL

2. BASIS OF
REQUEST
(X) CASH
() ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL
ELEMENT TO WHICH THIS REPORT IS SUBMITTED
**EPA, Region 9, Grants Management, Sec. PMD-7
75 Hawthorne Street, San Francisco, CA 94105**

4. FEDERAL GRANT OR OTHER IDENTIFYING
NUMBER ASSIGNED BY FEDERAL AGENCY
FS-98969501-3

5. PARTIAL PMT REQUEST
NO. FOR THIS REQUEST
03

6. EMPLOYER IDENTIFICATION
NUMBER
86-0134082

7. RECIPIENT'S ACCOUNT NUMBER
OR IDENTIFYING NUMBER
579-XXXX-6260-579

8. PERIOD COVERED BY THIS REQUEST
FROM (month, day, year): **June 1, 2001**
TO (month, day, year): **April 30, 2003**

9. RECIPIENT ORGANIZATION

Name: **The Hopi Tribe**
Number and Street: **P.O. Box 123**
City, State and ZIP Code: **Kykotsmovi, Arizona 86039**

10. PAYEE (Where check is to be sent is different than item 9)

Name: **The Hopi Tribe**
Number and Street: **P.O. Box 123**
City, State and ZIP Code: **Kykotsmovi, Arizona 86039**

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays (As of date) 4/30/03 to date	\$ 18,701.28			\$ 18,701.28
b. Less: Cumulative program income				
c. Net program outlays (line a minus line b)	\$ 18,701.28			\$ 18,701.28
d. Estm net cash outlays for advance period				
e. Total (Sum of lines c & d)	\$ 18,701.28			\$ 18,701.28
f. Non-Federal Share of amount on line e				
g. Federal share of amount on line e	\$ 18,701.28			\$ 18,701.28
h. Federal payments previously requested	\$ 17,768.79			\$ 17,768.79
i. Federal share now requested (Line g minus line h)	\$ 932.49			\$ 932.49
j. Advances required by month when requested by Federal grantor agency for use in prescheduled advances.	1st month			
	2nd month			
	3rd month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY	
a. Estimated Federal Cash outlays that will be made during period covered by this advance	---
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	

13. CERTIFICATION		
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	RECEIVED JUN 02 2003
	TYPE OR PRINTED NAME AND TITLE Winifred Secakuku-Serawop Finance Director	DATE REQUEST SUBMITTED 5-27-03 TELEPHONE NUMBER (928) 734-3301


GMO, PMD-7

Cancelled 6/5/03
Mr. J. Kahl

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which report is submitted EPA, Region IX, Grants Mgmt. Sect., PMD-7 75 Hawthorne St., San Francisco, CA 94105		2. Federal Grant or Other Identifying Number Assigned by Federal Agency FS-98969501-2		OMB Approval No. 0348-0039		Page 1		Of 1	
3. Recipient Organization (Name and complete address, including ZIP code) The Hopi Tribe P.O. Box 123 Kykotsmovi, Arizona 86039									
4. Employer Identification Number 86-0134082		5. Recipient Account Number or Identifying Number 579-xxxx-6260-579		6. Final Report () Yes (X) No		7. Basis (X) Cash () Accrual			
8. Funding/Grant Period From: (Month, Day, Year) 10/1/00		To: (Month, Day, Year) 11/30/05		9. Period Covered by this Report From: (Month, Day, Year) 10/1/01		To: (Month, Day, Year) 9/30/02			
10. Transactions:				I Previously Reported		II This Period		III Cumulative	
a. Total outlays				\$ 17,768.13		\$ -		\$ 17,768.13	
b. Recipient share of outlays									
c. Federal share of outlays				\$ 17,768.13		\$ -		\$ 17,768.13	
d. Total unliquidated obligations								\$ -	
e. Recipient share of unliquidated obligations								\$ -	
f. Federal share of unliquidated obligations								\$ -	
g. Total Federal share (Sum of lines c and f)								\$ 17,768.13	
h. Total Federal funds authorized for this funding period								\$ 1,259,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)								\$ 1,241,231.87	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate space) () Provisional () Predetermined () Final () Fixed							
		b. Rate N/A		c. Base N/A		d. Total Amount N/A		e. Federal Share N/A	
12. Remarks: Attach any explanations de .									
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.									
Typed or Printed Name and Title Winifred Secakuku-Serawop, Finance Direc						Telephone (Area Code, number and extension) (928) 734-3301			
Signature of Authorized Certifying Official 						Date Report Submitted 5-27-03			



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JUN 03 2003


REQUEST FOR ADVANCE OR REIMBURSEMENT		Approved by Office of Management and Budget, No. 80-R0183		PAGE 1 OF 1	
(See instructions on back)		1. TYPE OF PAYMENT REQUESTED a. "X" one, or both boxes () ADVANCE (X) REIMBURSEMENT b. "X" the applicable box () FINAL (X) PARTIAL		2. BASIS OF REQUEST (X) CASH () ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED EPA, Region 9, Grants Management, Sec. PMD-7 75 Hawthorne Street, San Francisco, CA 94105		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY FS-98969501-0		5. PARTIAL PMT REQUEST NO. FOR THIS REQUEST #2	
6. EMPLOYER IDENTIFICATION NUMBER 86-0134082	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 578-xxxx-6260-78C	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year): 6/1/01 TO (month, day, year): 2/28/02			
9. RECIPIENT ORGANIZATION Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039		10. PAYEE (Where check is to be sent is different than item 9) Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039			
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)	TOTAL
a. Total program outlays (As of date) 2/28/02		\$ 17,273.65			\$ 17,273.65
b. Less: Cumulative program income					
c. Net program outlays (line a minus line b)		\$ 17,273.65			\$ 17,273.65
d. Estm net cash outlays for advance period					
e. Total (Sum of lines c & d)		\$ 17,273.65			\$ 17,273.65
f. Non-Federal Share of amount on line e					
g. Federal share of amount on line e		\$ 17,273.65			\$ 17,273.65
h. Federal payments previously requested		\$ 17,186.79			\$ 17,186.79
i. Federal share now requested (Line g minus line h)		\$ 86.86			\$ 86.86
j. Advances required by month when requested by Federal grantor agency for use in prescheduled advances.		1st month			
		2nd month			
		3rd month			
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal Cash outlays that will be made during period covered by this advance					
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period					
c. Amount requested (Line a minus line b)					
13. CERTIFICATION					
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>John Carpenter</i>		DATE REQUEST SUBMITTED 3/22/02	
		TYPE OR PRINTED NAME AND TITLE John Carpenter Finance Director		TELEPHONE NUMBER (520) 734-3301	
This space for agency use <div style="text-align: center; font-size: 2em; font-family: cursive;">for adjustment only</div>					

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APR 05 2002
GMO, PMD-7

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which report is submitted EPA, Region IX, Grants Mgmt. Sect., PMD-7 75 Hawthorne St., San Francisco, CA 94105		2. Federal Grant or Other Identifying Number Assigned by Federal Agency FS-98969501-2		OMB Approval No. 0348-0039		Page 1		Of 1	
3. Recipient Organization (Name and complete address, including ZIP code) The Hopi Tribe P.O. Box 123 Kykotsmovi, Arizona 86039									
4. Employer Identification Number 86-0134082		5. Recipient Account Number or Identifying Number 579-xxxx-6260-579		6. Final Report () Yes (X) No		7. Basis (X) Cash () Accrual			
8. Funding/Grant Period From: (Month, Day, Year) 10/1/00		To: (Month, Day, Year) 4/30/03		9. Period Covered by this Report From: (Month, Day, Year) 10/1/01		To: (Month, Day, Year) 9/30/01			
10. Transactions:				I Previously Reported		II This Period		III Cumulative	
a. Total outlays				\$ -		\$ 17,768.13		\$ 17,768.13	
b. Recipient share of outlays									
c. Federal share of outlays				\$ -		\$ 17,768.13		\$ 17,768.13	
d. Total unliquidated obligations								\$ -	
e. Recipient share of unliquidated obligations								\$ -	
f. Federal share of unliquidated obligations								\$ -	
g. Total Federal share (Sum of lines c and f)								\$ 17,768.13	
h. Total Federal funds authorized for this funding period								\$ 1,259,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)								\$ 1,241,231.87	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate space) () Provisional () Predetermined () Final () Fixed							
		b. Rate N/A		c. Base N/A		d. Total Amount N/A		e. Federal Share N/A	
12. Remarks: Attach any explanations de .									
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.									
Typed or Printed Name and Title John Carpenter, Finance Director						Telephone (Area Code, number and extension) (928) 734-3301			
Signature of Authorized Certifying Official 						Date Report Submitted 12/28/01			

RECEIVED

JAN 07 2002

GMO, PMD-7

cc: PO: 1/10/02

**REQUEST FOR ADVANCE
OR REIMBURSEMENT**

Revised and Corrected - 06/25/01
(See instructions on back)

Approved by Office of Management and
Budget, No. 80-R0183

PAGE 1 OF 1

1. TYPE OF PAYMENT
REQUESTED

a. "X" one, or both boxes
() ADVANCE
(X) REIMBURSEMENT

b. "X" the applicable box
() FINAL (X) PARTIAL

2. BASIS OF
REQUEST
(X) CASH

() ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL
ELEMENT TO WHICH THIS REPORT IS SUBMITTED
**EPA, Region 9, Grants Management, Sec. PMD-7
75 Hawthorne Street, San Francisco, CA 94105**

4. FEDERAL GRANT OR OTHER IDENTIFYING
NUMBER ASSIGNED BY FEDERAL AGENCY
FS-98969501-0

5. PARTIAL PMT REQUEST
NO. FOR THIS REQUEST
#2 (Revised)

6. EMPLOYER IDENTIFICATION
NUMBER
86-0134082

7. RECIPIENT'S ACCOUNT NUMBER
OR IDENTIFYING NUMBER
579-XXXX-6260-579

8. PERIOD COVERED BY THIS REQUEST
FROM (month, day, year): **5/1/01**
TO (month, day, year): **5/31/01**

9. RECIPIENT ORGANIZATION

Name: **The Hopi Tribe**
Number and Street: **P.O. Box 123**
City, State and ZIP Code: **Kykotsmovi, Arizona 86039**

10. PAYEE (Where check is to be sent is different than item 9)
Name: **The Hopi Tribe**
Number and Street: **P.O. Box 123**
City, State and ZIP Code: **Kykotsmovi, Arizona 86039**

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays (As of date) to date 5/31/01	\$ 17,768.13			\$ 17,768.13
b. Less: Cumulative program income				
c. Net program outlays (line a minus line b)	\$ 17,768.13			\$ 17,768.13
d. Estm net cash outlays for advance period				
e. Total (Sum of lines c & d)	\$ 17,768.13			\$ 17,768.13
f. Non-Federal Share of amount on line e				
g. Federal share of amount on line e	\$ 17,768.13			\$ 17,768.13
h. Federal payments previously requested	\$ 14,361.63			\$ 14,361.63
i. Federal share now requested (Line g minus line h)	\$ 3,406.50			\$ 3,406.50
j. Advances required by month when requested by Federal grantor agency for use in prescheduled advances.	1st month			
	2nd month			
	3rd month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal Cash outlays that will be made during period covered by this advance	
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	

13. CERTIFICATION

I certify that to the best of my knowledge and belief the
data above are correct and that all outlays were made
in accordance with the grant conditions or other agree-
ment and that payment is due and has not been
previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

John Carpenter

TYPE OR PRINTED NAME AND TITLE

**John Carpenter
Finance Director**

DATE REQUEST SUBMITTED

7/5/01

TELEPHONE NUMBER
(520) 734-3301

This space for agency use

*for adjustment
purposes only*
ES

RECEIVED
JUL 10 2001
GMO, PMD-7

ES

**REQUEST FOR ADVANCE
OR REIMBURSEMENT**

Revised and Corrected - 06/25/01
(See instructions on back)

Approved by Office of Management and
Budget, No. 80-R0183

PAGE 1 OF 1

1. TYPE OF PAYMENT
REQUESTED

a. "X" one, or both boxes
() ADVANCE
(X) REIMBURSEMENT

b. "X" the applicable box
() FINAL (X) PARTIAL

2. BASIS OF
REQUEST

(X) CASH

() ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL
ELEMENT TO WHICH THIS REPORT IS SUBMITTED
EPA, Region 9, Grants Management, Sec. PMD-7
75 Hawthorne Street, San Francisco, CA 94105

4. FEDERAL GRANT OR OTHER IDENTIFYING
NUMBER ASSIGNED BY FEDERAL AGENCY
FS-98969501-0

5. PARTIAL PMT REQUEST
NO. FOR THIS REQUEST
#1 (Revised)

6. EMPLOYER IDENTIFICATION
NUMBER

86-0134082

7. RECIPIENT'S ACCOUNT NUMBER
OR IDENTIFYING NUMBER

579-XXXX-6260-579

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year):

3/1/01

TO (month, day, year):

4/1/01

9. RECIPIENT ORGANIZATION

Name: The Hopi Tribe
Number and Street: P.O. Box 123
City, State and ZIP Code: Kykotsmovi, Arizona 86039

Name: The Hopi Tribe
Number and Street: P.O. Box 123
City, State and ZIP Code: Kykotsmovi, Arizona 86039

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS | ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays (As of date) to date 4/1/01	\$ 14,361.63			\$ 14,361.63
b. Less: Cumulative program income				
c. Net program outlays (line a minus line b)	\$ 14,361.63			\$ 14,361.63
d. Estm net cash outlays for advance period				
e. Total (Sum of lines c & d)	\$ 14,361.63			\$ 14,361.63
f. Non-Federal Share of amount on line e				
g. Federal share of amount on line e	\$ 14,361.63			\$ 14,361.63
h. Federal payments previously requested	\$ -			\$ -
i. Federal share now requested (Line g minus line h)	\$ 14,361.63			\$ 14,361.63
j. Advances required by month when requested by Federal grantor agency for use in prescheduled advances.	1st month			
	2nd month			
	3rd month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal Cash outlays that will be made during period covered by this advance

b. Less: Estimated balance of Federal cash on hand as of beginning of advance period

c. Amount requested (Line a minus line b)

13. CERTIFICATION

I certify that to the best of my knowledge and belief the
data above are correct and that all outlays were made
in accordance with the grant conditions or other agree-
ment and that payment is due and has not been
previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

John Carpenter

TYPE OR PRINTED NAME AND TITLE

John Carpenter
Finance Director

DATE REQUEST SUBMITTED

7/5/01

TELEPHONE NUMBER
(520) 734-3301

This space for agency use


*For adjustment
purposes only
ES.*

RECEIVED
JUL 10 2001
GMO, PMD-7

Memorandum

To: Elizabeth Stahl
Grants Management Office
U.S Environmental Protection Agency, Region IX
75 Hawthorne Street
San Francisco, CA 94105

CC: Nadine Ami; Yvonne Day

From: Thom Kahe 

Date: 8/15/01

Re: Drinking Water Set-aside Grants

Elizabeth,

I tried faxing these documents to you yesterday and this morning, your fax line has been busy. I think that it would appropriate to mail them to you, this way you will have good readable documents.

CONFIDENTIAL

RECEIVED

AUG 20 2001


1

GMO, PMD-7

Tkahe@hpi.nsa.us

THOM KAHE, C/G ACCOUNTANT
THE HOPI TRIBE
CONTRACTS & GRANTS
TELEPHONE: (928) 734-3356
FACSIMILE: (928) 734-3317

facsimile transmittal

To: ELIZABETH STAHL, EPA  Fax: 415-744-1678
From: THOM KAHE Date: 8/15/01
Re: Drinking Water Set-Aside Grants Pages: 8 (Including cover sheet)
CC: Nadine Ami; Yvonne Day

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Elizabeth,

Attached are the reconciliation's for Grants #FS-98969501-1 and #FS-98969501-0. I have enclosed the latest expenditure reports and our drawdown worksheets for each grant. The expenditures report is in agreement with the drawdown sheets showing expenditures for both grants. As you can see, the payments from EPA in the amount of \$34,954.92 were received. These receipts are for Request #1 in the amount of \$8,0542.40 and for Request #2 in the amount of \$26,902.52. The G/L Trial Balance also supports these receipts.

As you are aware, both payments were incorrectly requested from one grant, thus the reason for the EPA revenues received in the Moencopi (Fund 579) account.

All the expenditures have been separated between the two grants and we have both projects showing remaining budgets.

Please disregard the processing of payments 1 and 2, these were revised reports showing the corrected amounts requested as stated in the cover letter. All adjustments have been done in-house with assistance from the Water Resources Program in identifying which projects were responsible for their expenditures.

The Program has informed me that these projects are near completion; therefore we are not anticipating any additional expenditures.

Please call me for any questions. This should be the last of the pending issues, if there is something else, please let me know.

RECEIVED

AUG 20 2001

GMO, PIVD-7

CONTRACTOR: ENVIRONMENTAL PROTECTION AGENCY
PROGRAM: DRINKING WATER INFRASTRUCTURE SET ASIDE-MOENCOP
CONTRACT/GRANT NUMBER: FS-98969501-0
LETTER OF CREDIT: \$42,000.00
CONTRACT/GRANT PERIOD: OCTOBER 01, 2000 - AUGUST 31, 2001
HOP1 IDENTIFYING NUMBER: 579-XXXX-6260-579

**Corrected &
Revised expenditures: 06-20-01
updated:08/14/01**

Item	AMENDMENTS		DRAWDOWNS				L-O-C BALANCE	EXPENDITURES		CASH On Hand
	Amt. No.	DESCRIPTION	AMOUNT	D/D No.	AMOUNT	RECEIPT NUMBER		DATE OF RECEIPT	Month/Year	
9/29/00		AWARD	\$42,000.00				\$ 42,000.00	Oct.-00	\$ -	\$ 42,000.00
							\$ 42,000.00	Nov.-00	\$ -	\$ 42,000.00
							\$ 42,000.00	Dec.-00	\$ -	\$ 42,000.00
							\$ 42,000.00	Jan.-01	\$ -	\$ 42,000.00
							\$ 42,000.00	Feb.-01	\$ -	\$ 42,000.00
							\$ 42,000.00	Mar.-01	\$ 2,793.52	\$ 39,206.48
							\$ 42,000.00	Apr.-01	\$ 11,568.11	\$ 27,638.37
				#1	\$ 8,052.40	#89683	\$ 33,947.60	6/22/01	\$ 3,406.50	\$ 24,231.87
				#2	\$ 26,902.52	#89684	\$ 7,045.08	6/22/01	\$ -	\$ 24,231.87
		Amount transferred from 578			\$ (17,186.79)		\$ 24,231.87	Jul.-01	\$ -	\$ 24,231.87
							\$ 24,231.87	Aug.-01	\$ -	
							\$ 24,231.87			
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AUG 20 2001

GMO. PMD-7

REPORT.: 08/14/01
 RUN....: 08/14/01 TIME: 11:30
 Run By.: Thom Kahe

The Hopi Tribe
 Status Report with Encumbrance by FUND
 for Calendar Period.: 08-01 Fiscal Period.: 08-01

PAGE: 001
 ID #: GLIS
 CTL.: HOP

FUND #: 579

Name: EPA MOEN DRINKG

Percent of Year Remaining: 33%

Revenue Description	Current Month	Year to Date Actual	<*> Annual Encumbrance	Annual Actual+Encum.	Annual Budget	Remaining Budget	Rem%
3875 OFP REVENUES - OTHER FEDERAL	0.00	34954.92	0.00	34954.92	0.00	-34954.92	-999
Expense Description	Current Month	Year to Date Actual	<*> Annual Encumbrance	Annual Actual+Encum.	Annual Budget	Remaining Budget	Rem%
5500 6260 OFFICE SUPPLIES OFF USE ONLY	0.00	676.59	0.00	676.59	2000.00	1323.41	66
6700 6260 CONSULTING SERV OFF USE ONLY	0.00	17091.54	0.00	17091.54	40000.00	22908.46	57
Total Expense ----->	0.00	17768.13	0.00	17768.13	42000.00	24231.87	58
FUND TOTAL	0.00	17186.79	0.00	17186.79	-42000.00	-59186.79	141

<*> Annual Encumbrance figures Include All Encumbrances

REPORT.: 08/14/01
RUN....: 08/14/01 TIME: 11:31

MOEN DRINKING WATER INFRA
Status Report with Encumbrance by FUND
fo. lendar Period.: 08-01 Fiscal Period.: 1 1

PAGE: 001
ID #: GLIS
CTL.: 579

FUND #: 579

Name: EPA MOEN DRINKG'

Percent of Year Remaining: 8%

Expense Description	Current Month	Year to Date Actual	<*> Annual Encumbrance	Annual Actual+Encum.	Annual Budget	Remaining Budget	Rem%
5500 6260 OFFICE SUPPLIES OFF USE ONLY	0.00	676.59	0.00	676.59	2000.00	1323.41	66
6700 6260 CONSULTING SERV OFF USE ONLY	0.00	17091.54	0.00	17091.54	40000.00	22908.46	57
Total Expense ----->	0.00	17768.13	0.00	17768.13	42000.00	24231.87	58
<+> FUND TOTAL	0.00	-17768.13	0.00	-17768.13	-42000.00	-24231.87	58

<*> Annual Encumbrance figures Include All Encumbrances
<+> FUND Total = Total of Revenues - Total of Expenses

Revised: 08/14/01

[illegible]

AUG 20 2001

GMO, PMD-7

REPORT.: 08/14/01
RUN....: 08/14/01 TIME: 14:19
Run By.: Thom Kahe

The Hopi Tribe
Status Report with Encumbrance by FUND
Calendar Period.: 08-01 Fiscal Period.: 01

PAGE: 001
ID #: GLIS
CTL.: HOP

FUND #: 578

Name: EPA SHUNG DRNG

Percent of Year Remaining: 33%

Expense Description	Current Month	Year to Date Actual	<*> Annual Encumbrance	Annual Actual+Encum.	Annual Budget	Remaining Budget	Rem%
5500 6260 OFFICE SUPPLIES OFF USE ONLY	0.00	676.59	0.00	676.59	2000.00	1323.41	66
6700 6260 CONSULTING SERV OFF USE ONLY	0.00	16510.20	0.00	16510.20	40000.00	23489.80	59
Total Expense ----->	0.00	17186.79	0.00	17186.79	42000.00	24813.21	59
<*> FUND TOTAL	0.00	-17186.79	0.00	-17186.79	-42000.00	-24813.21	59

<*> Annual Encumbrance figures Include All Encumbrances
<*> FUND Total = Total of Revenues - Total of Expenses

REPORT.: 08/14/01
RUN....: 08/14/01 TIME: 11:43

SHUNGOPAVI DRNGK WTR INFR
Status Report with Encumbrance by FUND
for Calendar Period.: 08-01 Fiscal Period.: 11-01

PAGE: 001
ID #: GLIS
CTL.: 78C

FUND #: 578

Name: EPA SHUNG DRNGK

Percent of Year Remaining: 8%

Expense Description	Current Month	Year to Date Actual	<*> Annual Encumbrance	Annual Actual+Encum.	Annual Budget	Remaining Budget	Rem%
5500 6260 OFFICE SUPPLIES OFF USE ONLY	0.00	676.59	0.00	676.59	2000.00	1323.41	66
6700 6260 CONSULTING SERV OFF USE ONLY	0.00	16510.20	0.00	16510.20	40000.00	23489.80	59
Total Expense ----->	0.00	17186.79	0.00	17186.79	42000.00	24813.21	59
<+> FUND TOTAL	0.00	-17186.79	0.00	-17186.79	-42000.00	-24813.21	59

<*> Annual Encumbrance figures Include All Encumbrances
<+> FUND Total = Total of Revenues - Total of Expenses


Report Date: 08/14/01
 Run Date: 08/14/01 11:20
 Run by: From Kahe

The Hopi Tribe
 Trial Balance - Detail in the Order of FUNL
 For All Accounts From 579 3875 To 579 3875
 Beginning of: June 1, 2001 (06-01) Thru Ending of: July 31, 2001 (07-01)

Page.: 1
 ID # GLTB
 CTL.: HOP

G/L Account No

Ctr	Cal.	Fiscal	Date	Jrnl	Line	Description	Debit	Credit
579	3875					EPA MOEN DRINKG OFF REVENUES - OTHER FEDERAL		
						Balance June 1, 2001 (06-01)	.00	
Jun 2001	06-2001	06/22/01	10-11	0024	CH-Code FAR 1000-89683 L0001	FUNDING AGENCY RECPT		8,052.40
						EPA-(01-219)		
Jun 2001	06-2001	06/22/01	10-11	0025	CH-Code FAR 1000-89684 L0001	REQ #1-#FS-98969501-0-DRINKING WATER-INFRASTR.MOEN		26,902.52
						FUNDING AGENCY RECPT		
						EPA-(01-221)		
						REQ#2-#FS-98969501-0-DRINKING WATER-INFRASTR. MOEN		
						Activity ---->	.00	34,954.92
						Balance July 31, 2001 (07-01)		34,954.92
						REPORT TOTAL ---->	.00	34,954.92
						REPORT TOTAL for Detail Activity ---->	.00	34,954.92

REQUEST FOR ADVANCE OR REIMBURSEMENT		Approved by: Office of Management and Budget, No. 80-RD183		PAGE 1 OF 1	
(See instructions on back)		1. TYPE OF PAYMENT REQUESTED a. "X" one, or both boxes () ADVANCE (X) REIMBURSEMENT b. "X" the applicable box () FINAL (X) PARTIAL		2. BASIS OF REQUEST (X) CASH () ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED EPA, Region 9, Grants Management, Sec. PMD-7 75 Hawthorne Street, San Francisco, CA 94105		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY FS-98969501-0 ✓		5. PARTIAL PMT REQUEST NO. FOR THIS REQUEST #02 ✓	
6. EMPLOYER IDENTIFICATION NUMBER 86-0134082 ✓	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 579-XXXX-6260-579 ✓	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year): 5/1/01 TO (month, day, year): 5/31/01			
9. RECIPIENT ORGANIZATION Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039		10. PAYEE (Where check is to be sent is different than item 9) Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039			
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)	TOTAL
a. Total program outlays (As of date) 5/31/01		\$ 34,954.92			\$ 34,954.92
b. Less: Cumulative program income					
c. Net program outlays (line a minus line b)		\$ 34,954.92			\$ 34,954.92
d. Estm net cash outlays for advance period					
e. Total (Sum of lines c & d)		\$ 34,954.92			\$ 34,954.92
f. Non-Federal Share of amount on line e					
g. Federal share of amount on line e		\$ 34,954.92			\$ 34,954.92
h. Federal payments previously requested		\$ 8,052.40			\$ 8,052.40
i. Federal share now requested (Line g minus line h)		\$ 26,902.52			\$ 26,902.52
j. Advances required by month when requested by Federal grantor agency for use in prescheduled advances.		1st month			
		2nd month			
		3rd month			
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal Cash outlays that will be made during period covered by this advance					
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period					
c. Amount requested (Line a minus line b)					
13. CERTIFICATION					
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 		DATE REQUEST SUBMITTED 6/11/01	
		TYPE OR PRINTED NAME AND TITLE John Carpenter Finance Director		TELEPHONE NUMBER (520) 734-3301	
This space for agency use					
RECEIVED JUN 13 2001 GMO, PMD-7 ES					

REQUEST FOR ADVANCE OR REIMBURSEMENT <small>(See instructions on back)</small>		Approved _____ of Management and Budget, No. 0010183		PAGE 1 OF 1	
		1. TYPE OF PAYMENT REQUESTED a. "X" one, or both boxes () ADVANCE (X) REIMBURSEMENT b. "X" the applicable box () FINAL (X) PARTIAL		2. BASIS OF REQUEST (X) CASH () ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED EPA, Region 9, Grants Management, Sec. PMD-7 75 Hawthorne Street, San Francisco, CA 94105		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY FS-98969501-0		5. PARTIAL PMT REQUEST NO. FOR THIS REQUEST #01	
6. EMPLOYER IDENTIFICATION NUMBER 86-0134082	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 579-XXXX-6260-579	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year): 3/1/01		TO (month, day, year): 4/30/01	
9. RECIPIENT ORGANIZATION Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039		10. PAYEE (Where check is to be sent is different than item 9) Name: The Hopi Tribe Number and Street: P.O. Box 123 City, State and ZIP Code: Kykotsmovi, Arizona 86039			
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS (ADVANCES REQUESTED)					
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)	TOTAL
a. Total program outlays (As of date) to date 4/30/01		\$ 8,052.40			\$ 8,052.40
b. Less: Cumulative program income					
c. Net program outlays (line a minus line b)		\$ 8,052.40			\$ 8,052.40
d. Estm net cash outlays for advance period					
e. Total (Sum of lines c & d)		\$ 8,052.40			\$ 8,052.40
f. Non-Federal Share of amount on line e					
g. Federal share of amount on line e		\$ 8,052.40			\$ 8,052.40
h. Federal payments previously requested		\$ -			\$ -
i. Federal share now requested (Line g minus line h)		\$ 8,052.40			\$ <u>8,052.40</u>
j. Advances required by month when requested by Federal grantor agency for use in prescheduled advances.		1st month			
		2nd month			
		3rd month			
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal Cash outlays that will be made during period covered by this advance					
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period					
c. Amount requested (Line a minus line b)					
13. CERTIFICATION					
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>John Carpenter</i>		DATE REQUEST SUBMITTED 5/11/01	
		TYPE OR PRINTED NAME AND TITLE John Carpenter Finance Director		TELEPHONE NUMBER (520) 734-3301	
This space for agency use <div style="text-align: center; font-size: 1.2em;"> <i>on hold 5/17/01 - Cond. #11 - OKAY to pay. 6/18/01 - per K. Ryan.</i> </div> <div style="text-align: right; margin-top: 20px;"> RECEIVED MAY 17 2001 GMO, PMD-7 </div>					